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BALTIMORE CITY HEALTH DEPARTMENT

Rd. (In years | fi Under I Year | fi Under 24 Hours | Months | Days | Hours | Min.

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ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

1953

20. AUTOPSY? imore City, give exact location)

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es and on the date stated above. 23c. DATE SIGNED

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BALTIMORE CITY HEALTH DEPARTMENT

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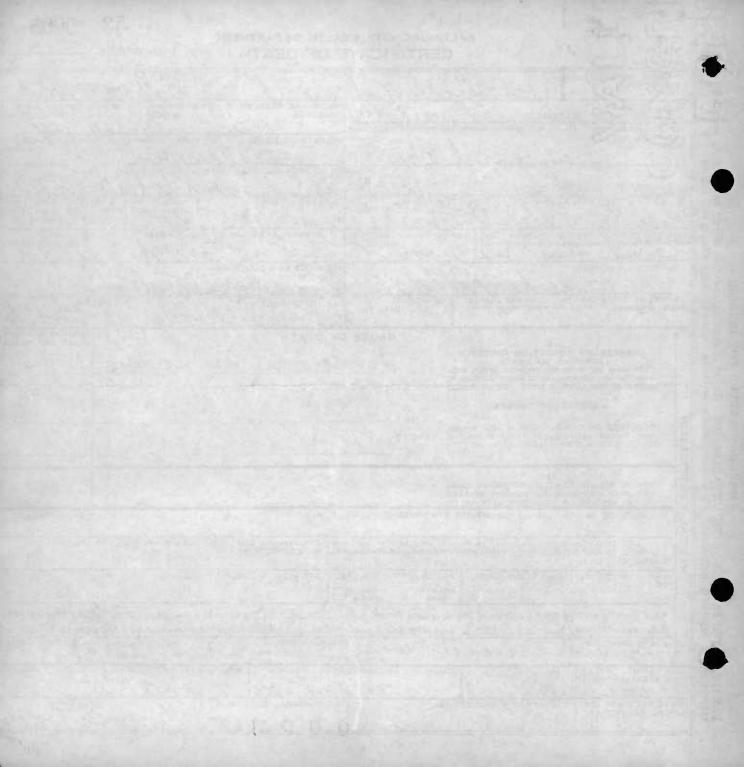
Registered No .. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DEATH MEN! 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore Days 7. SINGLE, WARRIED 6. COLOR OR RACE AGE (ly years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) 25 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknown) (If yos, give war or dates of service) SECURITY NO. 5-2 2 Jul. mullery 220-20-8235 CAUSE INTERVAL BETWEEN 42 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS ILY, WITH important. 214. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE Oct. 1952 to . 1953 that I last saw the 22. I hereby certify that I attended the deceased from. an 19.53., and that death occurred at 11:174m., from the causes and on the date stated above. deceased alive on. 23A. SIGNATUR 23B. ADDRESS 24A. BURIAL. CREMA-OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATUR 25. FUNERAL DIRECTOR LOCAL REGISTRAR

RITE

VS 150

WITH

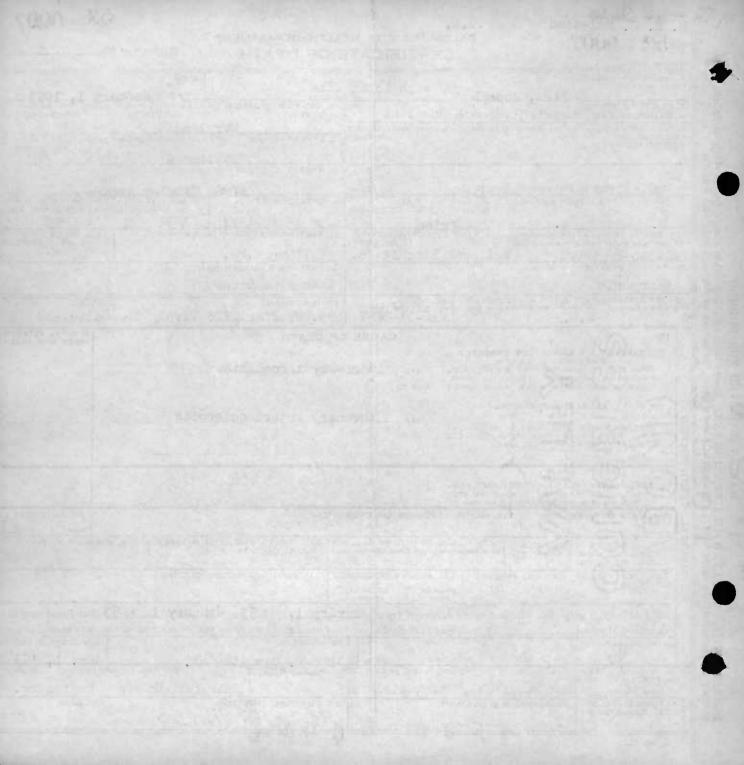
W		320 WEGGE 53-0005	0005
	1	53 0005 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No	6009
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	В.	FULL NAME OF (If not in hospital or institution, give street address or	Cile
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PLEASE correct a		ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. TUNERAL DIRECTOR ADE	Ress 2.11
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Registered No CERTIFICATE OF DEATH DECEASED 1. NAME OF 2. DATE (Type or Print) PATRICIA FLORENCE DEATH January 1, 1.953 MARLER supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) Virginia Accomack not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give refully Johns Hopkins Hospital Bellhaven township) D. STREET AODRESS and legibly. (If rural, give location) Mos. Lee Street day c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year It Under 24 hours last birthday) Months Days Hours Min. If Under 24 hours WIDOWED, DIVORCED (Specify) White Female 4-13-48 pluods Single 6 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) information shous of death clearly 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY Ridley Park, Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Doris Miles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? BINDING 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO (Yes, no or unknown) Mrs. Doris Marler. Belle Haven causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Every item write the cau FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Craniocerebral Injury (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш 19B. MAJOR FINOINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION WITH important. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING _ CAUSE OF DEATH street Lee Street, Bellhaven, Virginia OF INJURY 12/30/52 12:30 P. m 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile especially autopsy thereon and from 22. I certify that I took charge of the remains described above, held an _ Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \Box , accident \Box , suicide \Box , homicide \Box , undetermined \Box . RITE is esp 23B, CHIEF MEDICAL EXAMINER A | 23c. DATE SIGNED 23A. SIGNATURE age ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION-RENOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) 24B. DA PLEASI correct ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOSAL REGISTRAR VS



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. pq.	1. NAME OF DECEASED (Type or Print) Joseph Louis					s Pika		2. DATE OF DEATH Janu	arv 1. 10	ا الا ع
ıpplie	A. Baltimore City, Maryland St. Joseph Hospital					A. SIAIL	36-	Where deceased lived, B. COUNTY	lf institution : re	sidence admission)
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ASE ct a	2 TI	on RENOVAL (S	Jan,5th		24c. NAME OF CEME St. Stanislau	TERY COCKERSON	224D. L	OCATION (City, tow	n, or county)	(State)
PLEASE correct	DL	ATE RECEIVE OCAL REGIST	D BY REGISTRA	R'S SIGNATI		25. EUNERAL DIE	FCTOR	Lelie 705-	ADDRESS	
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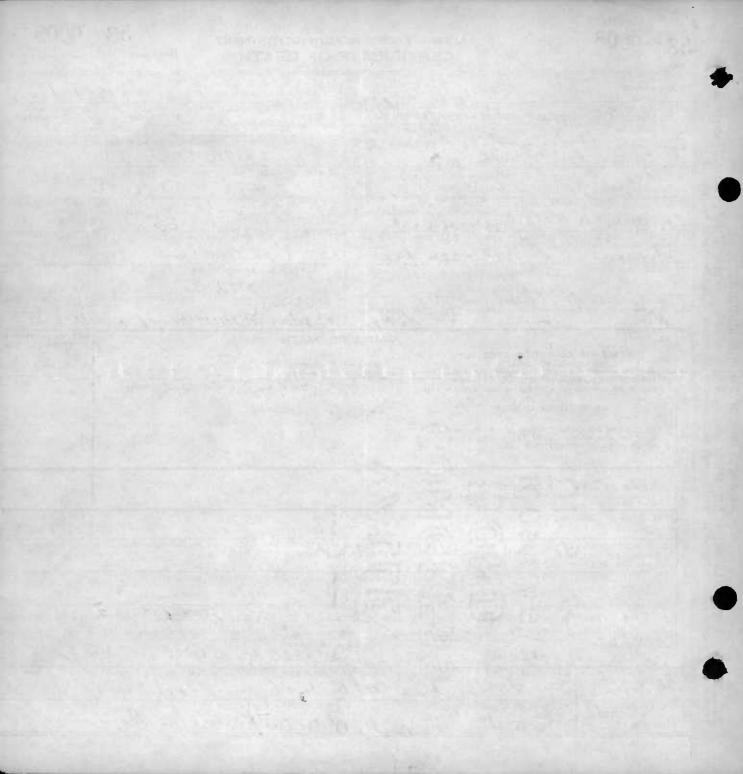
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INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) that I last saw the am., from the causes and on the date stated above. 230. DATE SIGNED 240, LOCATION (City, town, of county) ADDRESS

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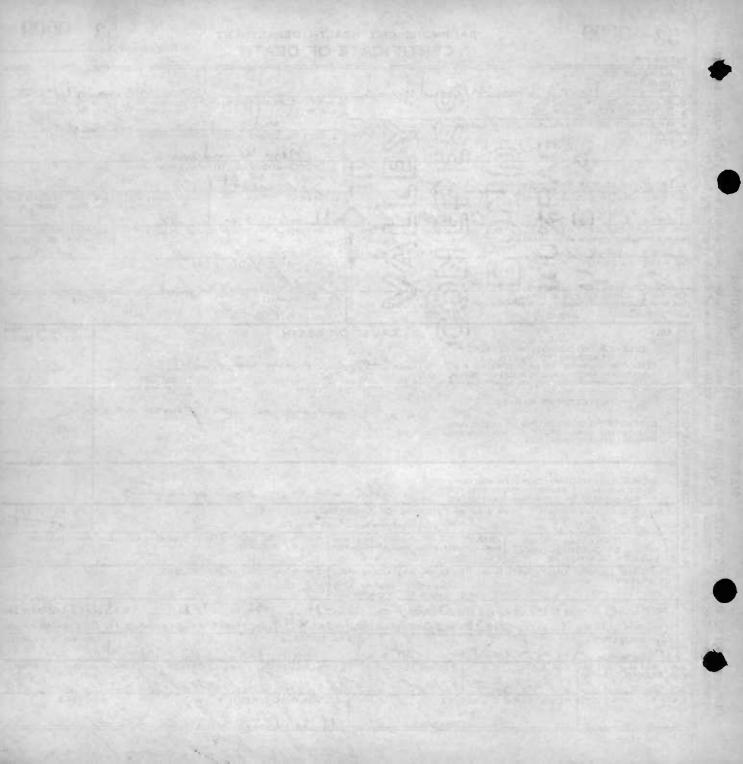
12, CITIZEN OF

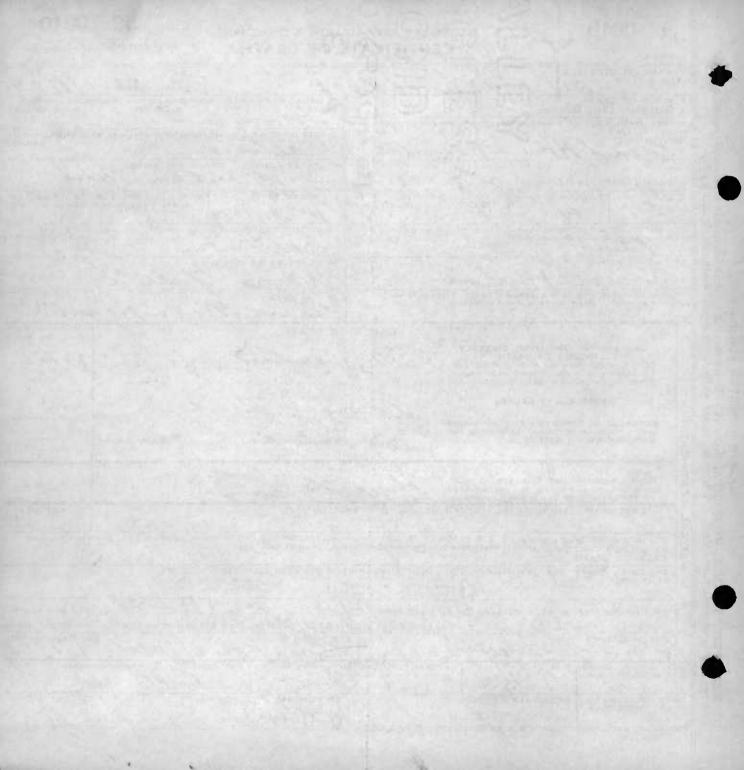
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7			ALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Regis		
Š.	-	RTH NO.	TATE OF BEATT		
d.		NAME OF DECEASED Spe or Print) Ruth Cum W (Produce)		2. DATE OF DEATH JONAGO	1.1902
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refully supplied bly.	in	STITUTION JOHNS HOPKINS HOSPITAL	Nem Win	outside corporate limits, write	township)
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ITTE s es		deceased alive on 1-1 1952, and that death	23B. ADDRESS	he causes and on the dat	c stated above
II. SI		Sand X. Deliston Mr.	JOHNS HOPKINS	S HOSPITAL	
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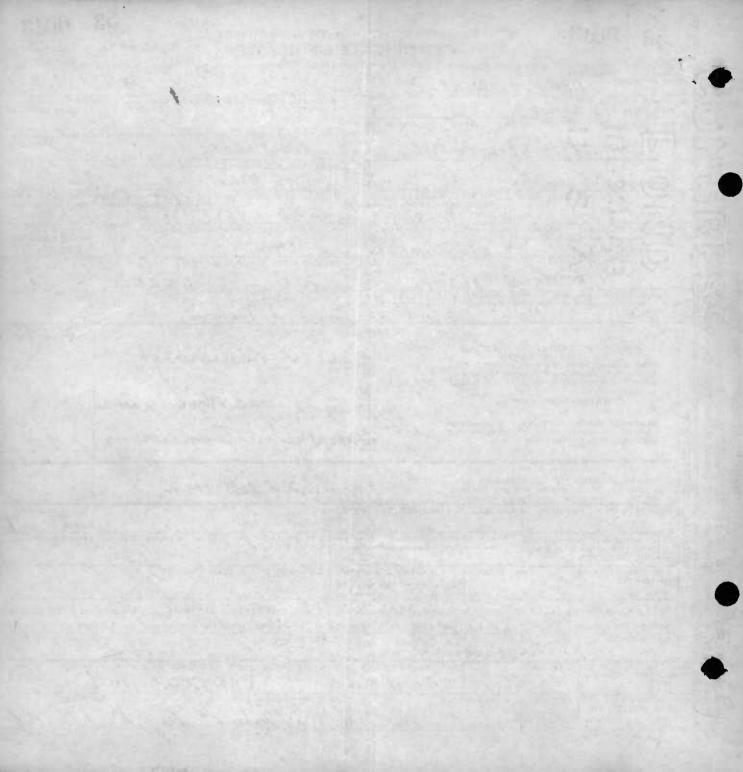


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IEDIC		ENT WAS UNDER- CONTRIBUTING	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City, g	rive exact location)		
2		Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
	OF INJURY		m. WHILE AT NOT WHILE					
	22. I hereby	certify that I att	ended the deceased from 10	Dec 1952, to 1	Jan . , 195	that I last saw th		
	deceased ali	ve on I Jan	, 1953 and that death occur	rred at 19 Pm., from th	e causes and on th	ne date stated above		
	234 SIGNAT	URE				23c. DATE SIGNED		

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24A. BURIAL. CREMA-TION, REMOVAL (Specify) Burial

DATE RECEIVED BY LOCAL REGISTRAR

Jan. 5, 1953

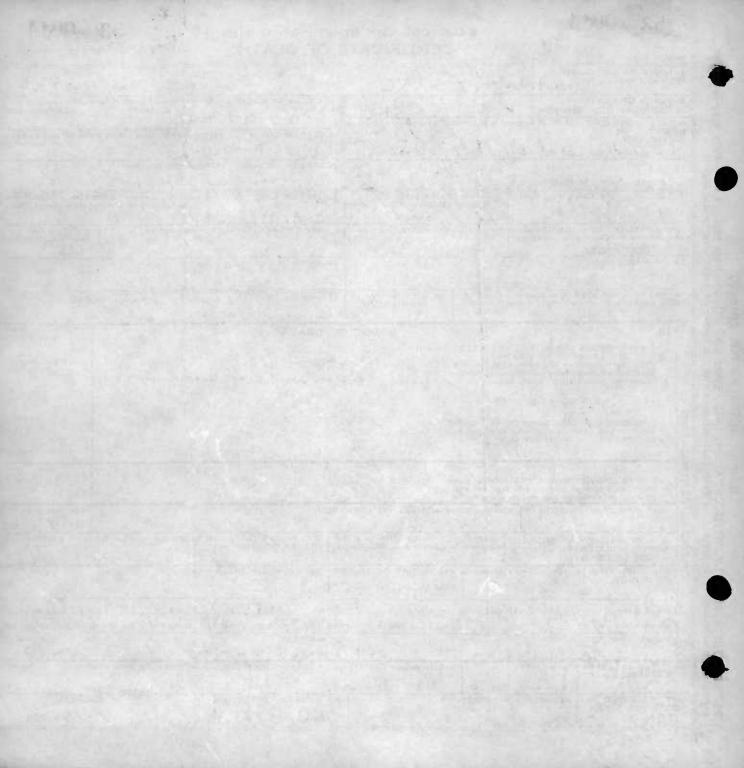
24c. NAME OF CEMETERY OR CREMATORY Baltimore Cem. REGISTRAR'S SIGNATURE

Baltimore, Md ADDRESS

25. FUNERAL DIRECTOR

Bell md

24D. LOCATION (City, town, or county)



before admission)

township)

Hours Min.

WHAT COUNTRY?

20. AUTOPSY

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E	6	53 0016		EALTH DEPARTMENT		3 0046	
BIRTH NO. CERTIFICATE OF DEATH Registered No.							
ed.	(T		W. Eschbach		2. DATE OF DEATH Dr. 1	1145 B.m.	
supplied	3. A.	Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence before admission)	
ns A	H	OSPITAL OR	cal or institution, give street address or location)	The same of the sa	f outside corporate limits, v	write RURAL and give	
fully ly.	IV	1 Little Sist	ters of the Poor	4018 Bonner Rd. township)			
legib	c.	Length of stay in Baltimore	Yrs. // Mos. Days	D. STREET ADDRESS (If	rural, give location)	5-09	
of information should be	-	SEX 6. COLOR OF RACE	7 SMOLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		der 1 Year If Under 24 Hours hs Days Ifours Min.	
sho	10	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	11 BIRTAPLACE (State or f	oreign country) 12	2. CITIZEN OF WHAT COUNTRY?	
cion h cl	13	Salesman B. FATHER'S NAME	Clothing	14. MOTHER'S MAIDEN N	AME	USA	
maleat	B	Unknown		Unknow			
of c	IS (Ye	5. WAS DECEASED EVER IN U. S. ARMEI	D FORCES? 16. SOCIAL se of service) SECURITY NO.	17. INFORMANT		PRESS	
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y it		DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of	TH //11/019	o Solovolice Ha	no Disease	142	
Every item write the cau		heart failure, asthenia, etc. It mea injury or complication which	ins the disease.	better to be to the total of th			
		ANTECEDENT CAUS	ses Orto	win Colors	10	54:	
INK.	ATION	DISEASES OR CONDITIONS, I	F ANY, GIVING			10	
YG :: p	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
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LY, WITE	MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (btc.) INJURY OCCUR?	If in Baltimore City, give	e exact location)	
2	-	2 ID. TIME (Month) (Day) (Year) OF INJURY	WHILE AT NOT WHILE		Y OCCUR?		
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TE		22. I hereby certify that I attended the deceased from Ole 22, 1912, to Jon / , 1923, the deceased alive on Sec 3/-, 1952, and that death occurred at 45/1 m., from the causes and on the deceased alive on Sec 3/-, 1952.					
RI		23A. SIGNATURE & Gil	a Hall Med M.D. 2	163/8 Nout	ave 3	1 an /-/953	
SE	TI	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24c. NAME OF CEMETE		OCATION (City, town, or		
PLEASE correct a		Burial Jan. 3. ATE RECEIVED BY REGISTRAR	1953 Woodlawn, G	em . 25. FUNERAL DIRECTOR		d. DDRESS	
P. 00	1	JAN 2 1953 Huntin	rator 15/13 0 11	Hm, Of Reknew	Son Inc. Be	et med	
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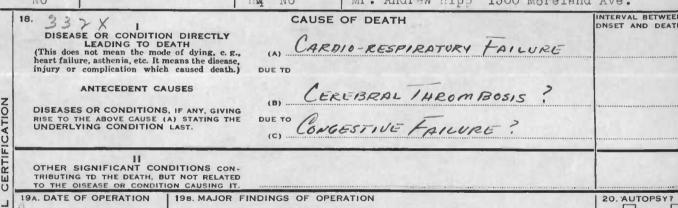
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6. COLOR D

Howard

(If yes, give

BALTIMORE CITY HE	EALTH DEPARTMENT 53	0017		
CERTIFICAT	E OF DEATH Registered No			
DITH HIPP	2. DATE OF DEATH	153		
and in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If in a. STATE B. COUNTY B. COUNTY	stitution : residence before admission)		
esity HOSPITAL	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)		
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1500 MORELAND AVE			
R RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WARRIED	July 29, 1891 9. AGE (In years last birthday) Mont	dei I Year If Under 24 Hours hs: Days Hours Min.		
Give kind of 10B. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY? USA		
	14. MOTHER'S MAIDEN NAME			
C. Aler	Madora Silwright			
S. ARMED FORCES? War or dates of service) 16. SOCIAL SECURITY NO. 四項 NO	Mr. Andrew Hipp 1500 Moreland	DRESS		
CAUSE	OF DEATH	INTERVAL BETWEEN DNSET AND DEATH		



YES ND 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 1952 to 1953 that I last saw the 22. I hereby certify that, I attended the deceased from.

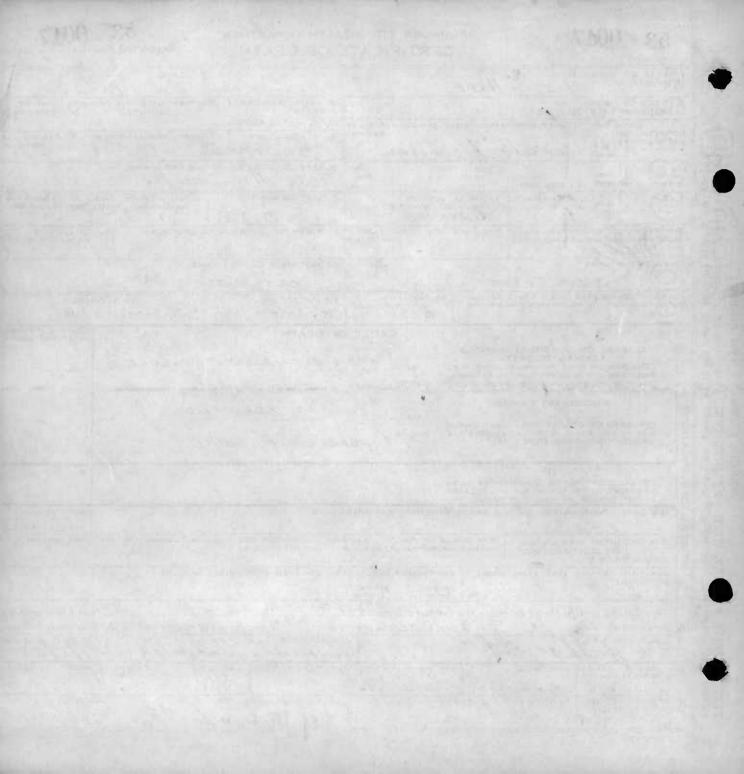
1953, and that death occurred at 6 deceased alive on. A. m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED 53

(State)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

Cem. Burial Loudon Pk. Jan. 3. 1953 Baltimore, Md. DATE RECEIVED BY

ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



VRITE PL.

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on should be	IOA. USUAL work done during m
	13. FATHER
Gmatieath	Conr

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No-

DECEASED 2. DATE MARY JOSEPHINE TREFFINGER OF Jan. 1. 1953 DEATH DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence e City, Maryland B. COUNTY Maryland (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN 608 S. Ellwood Ave township) Baltimore o. STREET ADDRESS (If rural, give location) Yrs. S. Ellwood Avenue f stay in Baltimore Days 6. COLOR OR RACE 9. AGE (in years if Under 1 Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Nov. 21, 1883 white married 11. BIRTHPLACE (State or foreign country) OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF ost of working life, even if retired) INDUSTRY WHAT COUNTRY? home Baltimore, Maryland SNAME 14. MOTHER'S MAIDEN NAME ad Nissel Margaret Schmidt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 608 ADDRESS SECURITY NO. Mr. Charless J. Treffinger, S. Ellwoo INTERVAL BETWEEN CAUSE OF DEATH 447 X dayson ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Hypertensive Cardiovascular 6 yrs heart failure, asthenia, etc. It means the disease, Renal Disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Diabetes Mellitus vrs TO THE DISEASE OR CONDITION CAUSING IT. ū 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from Oct. , 19.46to Jan , 1953 that I last saw the deceased alive on Dec. 31, 19 52, and that death occurred at 2:45th., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 3023 Eastern Ave. 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) 24B. DATE Loudon Park Com. Baltimore. Burial Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR phard J. Ruck, 5305 Harford Road.

Dr. Le Doux 3043 Eastern Ave. by 11 A.M.

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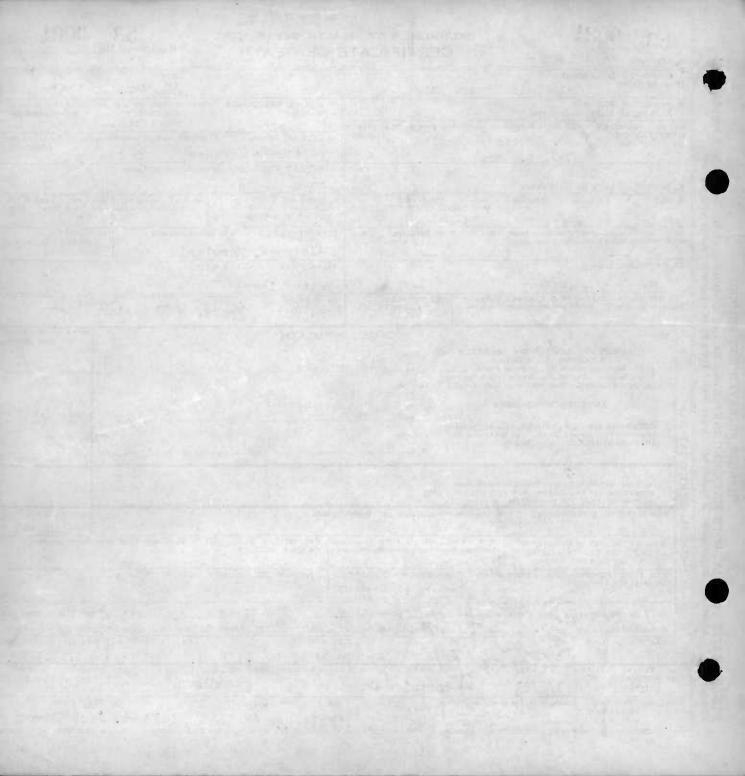
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		52 0019 BALTIMORE CITY HI	EALTH DEPARTMENT	0019
he	BI	IRTH NO. EVERSMEIERTIFICAT	E OF DEATH Registered No.	
	1.	NAME OF DECEASED Type or Print)	2. DATE	/
ied.		PLACE OF DEATH:	20 NOVO DEATH / R/	53
fully supplied	Α.	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	before admission)
	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Location)		Vrite RURAL and give
	3	unio Hosp.	Ellicot City Mo	township)
		Yrs. Mos.	D. STREET ADDRESS (M. rural, give location)	4
be led le	C. 5.	Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Und	ler 1 Year If Under 24 Hours
uld y ar		WIDOWED, DIVORCED (Specify)	11-14-1891 (ast birthday) Month	ns Days Hours Min.
sho	10 work	DA. USUAL OCCUPATION (Give kind of Loss KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
ion clo	13	3. FATHER'S NAME Doughnut Confa	14. MOTHER'S MAIDEN NAME	
NDING information should be		Etsmou Europemais	Sligabete Gank	2)-Varalit
BINDING of inform uses of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMAND , ADD	RESS.
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Ever Ever write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
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RESERVED FINK. Ever please write	TION	DISEASES OR CONDITIONS, IF ANY, GIVING		
	AT	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
CGII	FIC			
MARGIN UNFADING Physicians:	RTI	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED		
Phy Phy	CE	TO THE DISEASE DE CONDITION CAUSING IT.	PATION	20. AUTOPSY?
WITH rtant.	AL	1 138. MAJOR FINDINGS OF OPER	KATION	YES ND
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		OF INJURY WHILE AT NOT WHILE		
PL		22. I hereby certify that I attended the deceased from	DO 1003 to ROM, 1950, t	that I last saw the
TE		deceased alive on 6000, 1933, and that death occu	rred at 110 m., from the causes and on the	date stated above.
VRITE PI		23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED
	2.4 TIG	4A. BURIAL, CREMA- 24B. DATE 24C. NAME DE CEMETE	DR CREMATORY 24D. LOCATION (City, town, or	county) (State)
PLEAS! correct	R	Burel 1-5-53 2000 SI	washind Checol tel	5 md
PL		ATE RECEIVED BY COCAL REGISTRAR'S SIGNATURE	5. FUNERAL DIRECTOR	DORESS HE
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		670	La V	

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13	_	260 53	.0020 X
Je J	B	53 0020 BALTIMORE CITY IN CERTIFICATION	TE OF DEATH Registered No.
d.	1.	NAME OF DECEASED (Type or Print) OLIVER P. BAKE	R 2. DATE OF JAN. IST 1953
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY (Lefore admission)
fully suly.	H	FULL NAME OF (If not in hospital or institution, give street address OSPITAL OR Balto. City Hospitals	
le Sand		Length of stay in Baltimore 14 Mos Day	9,7 4. to Bus
should be	1	hale White manuel (Speci	8. DATE OF BIRTH 9. AGE (In years if Under I Year Months: Days Hours Min.
on shoul	WOE	DA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR INDUSTRIBUTED) WOLL MAN JUNE 1. MANNEY	11. BIRTHPLACE (State or foreten country) 12. CITIZEN OF WHAT COUNTRY?
information s of death cle		Frederick Baker Manuesia	Selma Otto
of inforuses of d	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ms marg. & Beken
FOR y item the car		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Gocardial Offeration 14 th 1.
2 5	z	ANTECEDENT CAUSES	Joronary the onbosis 24 hrs.
ADING INK.	ICATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	vonary Oclerosis 3+4r.
MAKGIN UNFADING Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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LY, WITH	MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld; CAUSE OF DEATH	, in or 21c. WHERE DID (If in Baltimore City, give exact location)
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RITE PL.		22. I hereby certify that I attended the deceased from deceased alive on 12/29, 19 53, and that death occ	urred at 4:30 C.m., from the causes and on the date stated above.
YRIT		23A. SIGNATURE . Oct M. D.	23B ADDRESS Poly Mil 23C DATE SIGNED 12153
PLEASF correct		ONT REMOVAL (Specify) 1-5-53 Sacred H	Cart Cene. Salto Co. Mid-
PLEAS	L	JAN 3 1053 REGISTRAR'S SIGNATURE.	25 FUNERAL DIRECTOR ADDRESS Eastery lin
		VS 150 1313	37 Balto 2' md

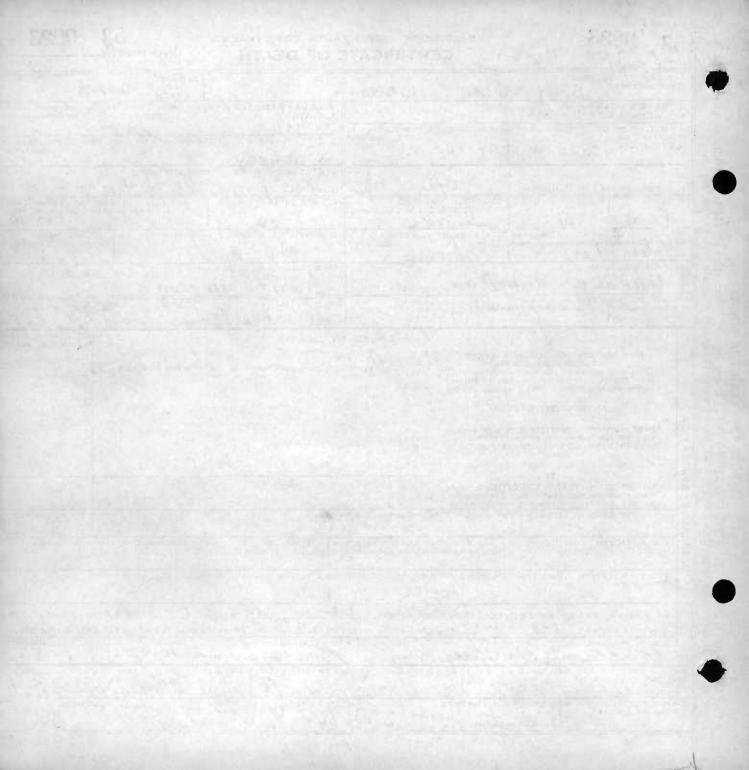
Nota Med. Ex Can Poste MD 1/2/53

Registered No. DEATH Jan. 2, 1953 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) Baltimore (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) 9. AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months: Days | Hours | Min. If Under 24 Hours 12. CITIZEN OF USA WHAT COUNTR ADDRESS Mrs. Sylvia Myers, 8002 Eastern Avenue INTERVAL BETWEEN ONSET AND DEATH YES (If in Baltimore City, give exact location) , 19 53 to Jan. 2, , 19 53 hat I last saw the deceased alive on Jan. 2, 1953 and that death occurred at 2:00 And, from the causes and on the date stated above. 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Maryland ADDRESS 1217 St. Paul Street



CARROLLER OF SALES AND CONTROL

RESERVED



53-0021 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) ROBERT HILDEBRANDT DEATH Jan. 1, 1953 efully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 6217 Burgess Avenue D. STREET ADDRESS (If rural, give location) Yrs. Mos. 6217 Burgess Avenue c. Length of stay in Baltimore Days information should be of death clearly and 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year If Uniter 24 House last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) male white Nov. 15, 1884 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Retired, Iron Foundry, INDUSTR' WHAT COUNTRY? Foreman Berlin. Germanv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August Hildebrandt Anna Koenig 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 3-01-5400 (Yes, no or unknown) causes Mrs. Magdalene Busse, 6217 Burgess item 18. INTERVAL BETWEEN OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Wri ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ū 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ILY, WITH important. 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (o. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TiME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK Dea., 1952, that I last saw the JUNE 1954 to 22. I hereby certify that I attended the deceased from_ deceased alive on Vx 13 19 32 and that death occurred at_ m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS

24c. NAME OF CEMETERY OR CREMATORY

Cemetery

Oak Lawn

REGISTRAR'S SIGNATURE

PLEAST WRITE PI

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

M. M. Reddard J. Ruck, 5305 Harford Road.

25. FUNERAL DIRECTOR

Baltimore, Maryland

Dr. Elliott Michelson Sinai Hosp. by 2 P.M. Friday

please INK.

UNFADING | Physicians: pl

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PLEAS, correct

530025 BALTIMORE CITY HEALTH DEPARTMENT

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Baltimore; Maryland 13. FATHER'S NAME Francis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Xee, no or unknown) (If yee, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Francis Wills, 2812 Halcyon 18.	BIRTH NO.	CERTIFICATE	E OF DEATH Registered No.
3. PLACE OF DEATH: A Baltimore City, Maryland 8. FULL NAME OF (If not in hospital or institution, give street address or location) 8. FULL NAME OF (If not in hospital or institution, give street address or location) 8. FULL NAME OF (If not in hospital or institution, give street address or location) 8. FULL NAME OF (If not in hospital or institution, give street address or location) 8. FULL NAME OF (If not in hospital or institution, give street address or location) 8. FULL NAME OF (If not in hospital or institution, give street address or location) 8. FULL NAME OF (If not in hospital or institution, give street address or location) 8. FULL NAME OF (If not in hospital or institution, give street address or location) 8. FULL NAME OF (If not in hospital or institution, give street address or location) 8. FULL NAME OF (If not in hospital or institution, give street address or location) 8. FULL NAME OF (If not in hospital or institution, give street address or location) 8. FULL NAME OF (If not in hospital or institution, give street address or location) 8. FULL NAME OF (If not in hospital or institution, give street address or location) 8. FULL NAME OF (If not in hospital or institution) 8. FULL NAME OF (If not in hospital or institution, give street address or location) 9. FULL NAME OF (If not in hospital or location) 9. FULL NAME OF (If not in hospital or location) 10. FULL NAME OF (If not in hospital or location) 11. BIRTHPLACE (State or foreign country) 12. GITIZEN OF WHAT COUNTRY 13. FULL NAME OF ORDITION DIRECTLY (If not dependent or institution residence of service) 14. MOTHER'S MAIDEN NAME 15. WAS DECASED EVER IN U. S. ARMED FORCES? (If you detail or not institution institution residence or location or location institution		ES E. RUPPERT	OF TAN 1 1053
AND SECURITY NO. 16. SUSTITUTION 2812 Halcyon Avenue Tength of stay in Baltimore C. Length of stay in Baltimore S. SEX 6. COLOR OR RACE Wildowed Township 10. STREET ADDRESS (If rural, give location) 2812 Halcyon Avenue S. SEX 6. COLOR OR RACE Wildowed Township 10. STREET ADDRESS (If rural, give location) 2812 Halcyon Avenue S. SEX 6. COLOR OR RACE Wildowed Township 10. STREET ADDRESS (If rural, give location) 2812 Halcyon Avenue 2812 Halcyon Avenue S. DATE OF BIRTH Dec. 10, 1867 S. DATE OF BIRTH Dec. 10, 1867 Baltimore; Maryland 10. STREET ADDRESS (If rural, give location) 10. STREET ADDRESS (If rural, give location) 2812 Halcyon Avenue S. DATE OF BIRTH Dec. 10, 1867 S. DATE OF BIRTH Dec. 10, 1867 Baltimore; Maryland 10. STREET ADDRESS (If rural, give location) 10. STREET ADDRESS (If rural, give location) 2812 Halcyon Avenue S. DATE OF BIRTH Dec. 10, 1867 S. DATE OF BIRTH Dec. 10, 1867 Baltimore; Maryland 10. STREET ADDRESS (If rural, give location) 10. STREET ADDRESS (If rural, give location) 2812 Halcyon Avenue S. DATE OF BIRTH Dec. 10, 1867 S. DATE OF BIRTH Dec. 10, 1867 Baltimore; Maryland 10. STREET ADDRESS (If rural, give location) II. BIRTHPLACE (State or foreign country) Baltimore; Maryland 11. BIRTHPLACE (State or foreign country) Baltimore; Maryland 12. CITIZEN OF WHAT COUNTRY The Maryland 13. FATHER'S NAME Elizabeth 15. WAS DECEASED EVER IN U. S. ARMED FORES? (Kes. no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Francis Wills, 2812 Halcyon ANTECEDENT CAUSES DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death, on the property of the support of t			4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY hefore admission
C. Length of stay in Baltimore S. SEX S. SE	HOSPITAL OR	location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Total White Widowed Dec. 10,1867 Strikday Months Days Hours Min		Mos.	2812 Halcyon Avenue
INDUSTRY Baltimore; Maryland WHAT COUNTRY WHAT COUNTRY Baltimore; Maryland WHAT COUNTRY WHAT COUNTRY Baltimore; Maryland WHAT COUNTRY	female white	widowed, Divorced (Specify) widowed	last birthday) Monthsi Days Hours Min
Elizabeth 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) (If yes, give wer or dates of yes and y	work done during most of working life, even if retired)		WHAT COUNTRY
(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. Mrs. Francis Wills, 2812 Halcyon CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?			
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TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyi heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES	ing, e. g., (A) Jugo ing disease, de disease, de death.) DUE TO (B)	OF DEATH INTERVAL BETWEEN
₹ VES TILE	TO THE DISEASE OR CONDITION CAU	RELATED	ATION 20 AUTORSV2
218. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (a.g., in or 21C. WHERE DID (II in Baltimore City, give exact location)	21a. ACCIDENT WAS UNDER: 21	1B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)

CAUSE OF DEATH

210. TIME (Month) (Day) (Year) (Hour)

2 IE. INJURY OCCURRED WHILE AT WORK NOT VHILE

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from deceased alive on 12 1952, and that death

24B, DATE

5/ 53 Securred

1953 that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL CREMA TION, REMOVAL (Specify) Burial

23A. SIGNATURE

OF INJURY

24c, NAME OF CEMETERY OR CREMATORY

2 24D. LOCATION (City, town, or equnty)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

m.

Holy Redeemer Cem. Baltimore, Maryland 25. FUNERAL DIRECTOR

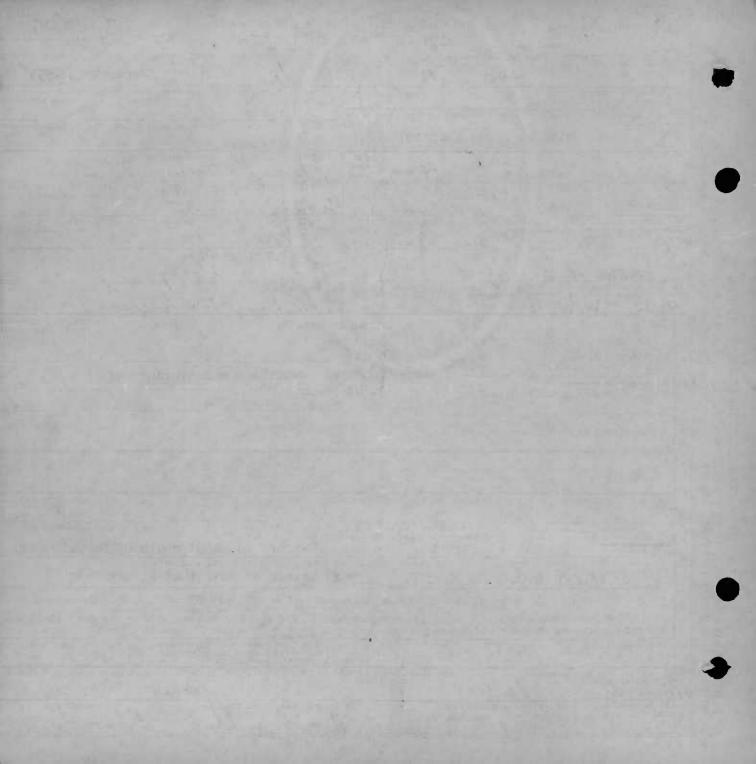
(State)

VS 150

Leonard J. Ruck, 5305 Harford Road.

Dr. Scheurich 1337 S. Charles St.

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF JAMES MILLER January 1, 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A Baltimore City, Maryland B. COUNTY before admission) Maryland "f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Union Memorial Hospital d be carefully and legibly. Lama elson Baltimore Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore errace Dage 6 COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | f Under 1 Year | Il Under 24 Hours last birthday) | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) Male White work done during most of working life, even if retired) 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) information shous of death clearly 108, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13 FATHER'S NAME Corr mna 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH Shock (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO Subdural Hemorrhage and Fracture of injury or complication which caused death.) Right Femur ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... RTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. INJURY OCCUR? UTING CAUSE OF DEATH. Harford Rd. 150' south of Parkside Dr. street (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Driver of auto that struck pole 37-01 WHILE AT 4:00 A. autosy 22. I certify that I took charge of the remains described above, held an . thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER.... 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) emora enra DATE RECEIVED BY ADDRESS RÉGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



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	PLEASE WRITE PL LY, WITH UNFADING INK. Every item of in	orrect is especially important.

53 0027

BALTIMORE CITY HEALTH DEPARTMENT

53

BIRTH NO.		CERTIFICAT	E OF DEATH	Registered N	0
1. NAME OF D (Type or Print)	ECEASED JULIA	PARMIGIANI		2. DATE OF DEATH JANUA	RY 1st 1953
B. FULL NAME	City, Maryland 2	823 Bearman Aye al or institution, give street address or	4. USUAL RESIDENCE () A. STATE Maryland		
HOSPITAL OR INSTITUTION		location)	c. CITY OR TOWN (I	f outside corporate limits	, write RURAL and give township)
U		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	tay in Baltimore	50 Yrs. Days	2823 Bearman Av		
5. SEX Female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		last birthday) Mo.	under I Year Il Under 24 Haus nths Days Hours Min.
10A. USUAL OC work done during most; Heus ewi	CUPATION (Give kind of f working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	ASCOLI PICENO	oreign country) ITALY	12. CITIZEN OF WHAT COUNTRY?
GIAC	OMINO MINGAR	EFFI	14. MOTHER'S MAIDEN N	AME	
15. WAS DECEAS! (Yes, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT A IDA DEL NEGRO		DDRESS
Neart failuinjury or DISEASE. RISE TO TUNDERLY UNDERLY UNDERLY	LEADING TO DEA's not mean the mode ore, asthenia, etc. It means the mode complication which of the complication which of the complication which of the complication which of the complication of the complicat	STATING THE DUE TO ST. (C)	frul Hemann misselerans mary sclerar		
J 19A. DATE C	ISEASE OR CONDITION		RATION		20. AUTOPSY?
HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLACE OF INJURY (e. g., I about bome, farm, factory, street, office bidg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, g	YES NO NO vive exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		Y OCCUR?	
deceased a	ive on 12-30	ended the deceased from		the causes and on th	Lthat I last saw the ne date stated above.
23A. SIGNA	Maru	M. BIX M.D.	25/6 Liwin		23c. DATE SIGNED
TION, REMOVAL (S Burial	Jan. 5th	1953 New Cathedral	Cemetery Bal	ltimere Md.	
DATE RECEIVE LOCAL REGIST JAN 3	OF2 Huntin	s SIGNATURE	FUNERAL DIRECTOR	hoce 322 s	ADDRESS High St.
VS 150	333	4			

Alemanth Venus Promise selection M 437 8132 Kerd A. Rick 1-2-6-1 The property and the property of the property SELL.

BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH 166308 AJH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF William Ernest Wilkinson 1.1.53 DEATH sfully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Hospital Baltimore Yrs. O. STREET ADDRESS (If rural, give location) Moe Life c. Length of stay in Baltimore 1712 Taylor Ave City 14 Davs information should be 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) 9. AGE (In years | Il Under 1 Year | Il Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Male White Nov 11. 1885 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Balto. City Employed Laborer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Wolksmann Wilkinson Catherine Earl 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. B.C.H. Records 4940 Eastern Ave no Every item ovrite the cause 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ... Coronary Thrombosis (This does not mean the mode of dying, e.g., Recent heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. ADING UNFADING Physicians: ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY WITH LY, WITH important. EDICA 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! AT WORK . 1952, to 1.1. , 1953, that I last saw the 12. 29. 22. I hereby certify that I attended the deceased from_ RITE is espe 1953 and that death occurred at 7.10am., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) burial Orems Method. Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR writinglow 7401 Belair Rd 105 VS 150

The state of the s All 1990 der ren i de seu de la communicación de la Colonia

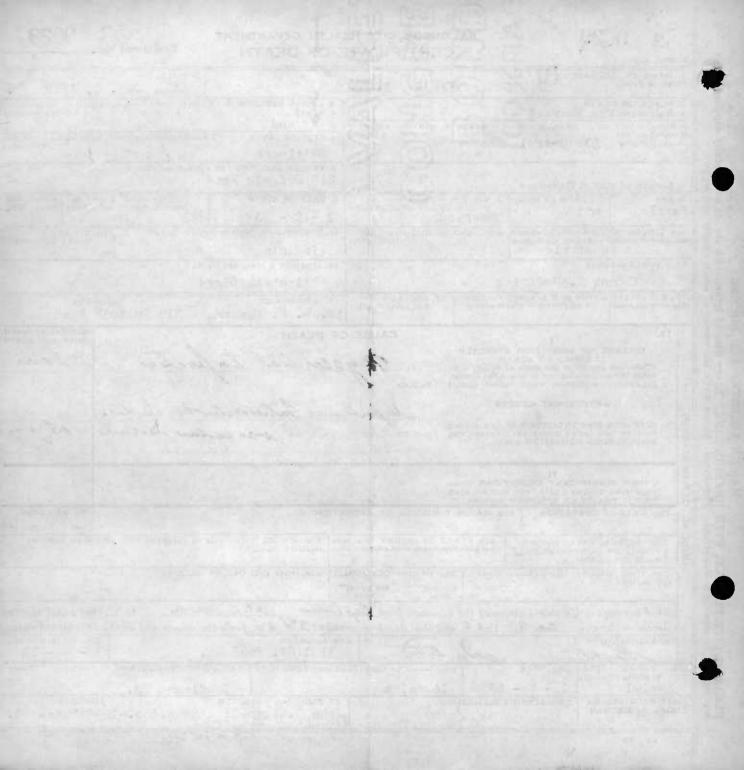
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53-0029

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

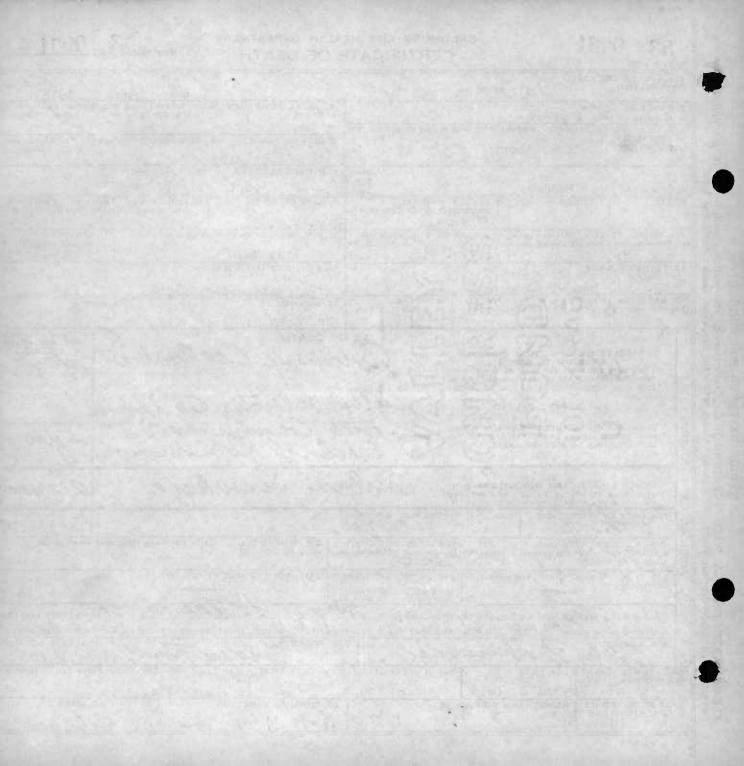
53 Registered No. 0029

	ACE OF D		ETT JE	FFRIES EDWARI	4. USUAL RESIDENCE (V	here deceased lived.	1. 2, 1953 If institution: re-		
B. FU	altimore (City, Maryland	-1 1 414 4		Maryland	B. COUNTY none	before	admission)	
HOSE	PITAL OR			ion, give street address or Iocation)		outside corporate lim	its, write RURA	L and vive	
INSI	NOITUTION	319 Suffolk	Road		Baltimore	12-	01	township)	
-				45 Yrs.	D. STREET ADDRESS (If	rural, give location)			
c. Le	ength of s	tay in Baltimore		Mos. Days	319 Suffolk Road	i			
5. SE		6. COLOR OR RACE	7. SINGLI	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Months: Days Ho	Under 24 Hours	
fema	810	white	marri	ed	1 - 2 - 53	71	Days III	dis Min.	
IOA.	USUAL OC	CUPATION (Give kind of f working life, eyen if retired)	10B, KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN	OF OUNTRY	
	h	ousewi fe		in Door in	Virginia		WHATC	CONTRI	
13. F.	ATHER'S	IAME			14. MOTHER'S MAIDEN N.	AME			
		as E. Jeffri			Elizabeth Digg	58			
15. W Yes, no	AS DECEASE	D EVER IN U. S. ARMEE	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
				02001111110	Dr. W. H. Edwards	319 Suff	Colk Road		
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		E OR CONDITION	DIRECTLY	The second second		0 -	9 /	1	
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CALCE	TRIBUTING TO THE D	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION F OPERATION	NOT RELATE CAUSING I	FINDINGS OF OPER		of in Baltimore City	YES _	NO E	
19 19	TRIBUTING TO THE D 9A. DATE C	IGNIFICANT CONDITED TO THE DEATH, BUT SEASE OR CONDITION TO PERATION TO THE PROPERTY OF THE PR	NOT RELATE CAUSING I 9B. MAJOR	T	n or 21c. WHERE DID (1	f in Baltimore City	YES _	NO E	
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Z4A. TION. DO DATE	TRIBUTING TO THE D 9A. DATE C 21A. ACCID LYING OF CAUSE OF 1D. TIME OF INJURY 2. I hereb deceased at 3A. SIGNA BURIAL, OR REMOVAL (S urial	IGNIFICANT CONDITOR TO THE DEATH, BUT ISEASE OR CONDITION FOPERATION 1 ENT WAS UNDER-R CONTRIBUTING DEATH Month) (Day) (Year) We certify that I attive on 100 2. URE 100 24B. DATE 100 BY REGISTRAR	POT RELATE CAUSING I PB. MAJOR 21B. PLA about bome, (Hour) m. tended the 1933,	FINDINGS OF OPER ACE OF INJURY (e.g., in farm, factory, atreet, office bldg., e 21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK deceased from Account and that death occur M. D. 24C. NAME OF CEMETE LOTTAINE	ED 21F. HOW DID INJURY (1) (2) (2) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (1) (1) (1) (1	he causes and on to occation (City, towoodlawn, Md.	yes , give exact locs that I last the date state 23c. DATE 1 -	saw the dabove SIGNED (State)	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF TVA M. STAYLOR DEATH Jan. 1. information should be sfully supplied of death clearly and legibly. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Apts. #405 Greenway Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Chas. & 34 th Sts. Days 9. AGE (In years If buder | Year | Hours | Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Oct. 20, 1881 Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Home Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur Schligel Leimback 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Edward M. Staylor Same 18. INTERVAL BETWEEN item CAUSE OF DEATH 447X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., In or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT WORK AT WORK , 19 5 that I last saw the 22. I hereby certify that I attended the deceased from Cliff deceased alive on 2003/, 1952 and that death occurred at 9, 200 m., from the causes and on the date stated above. 23B. ADORESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) 24B, DATE Burial Jan. 3. 1953 Baltimore Cemeterv Baltimore Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1 witherston VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF RICHARD M. KEEN DEATH Jan fully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3609 Liberty Heights Ave. Beltimore legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3609 Liberty Heights Ave. c. Length of stay in Baltimore Days should be 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Midowed Nov. 9. 1882 information shou of death clearly 10A. USUAL OCCUPATION (Give kind of) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto. City Jail Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel M. Keen Mery Kezar Knight 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mr. John . Rider Holly INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST, 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION WITH LY, WITH important. mone 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID ebout home, farm, factory, street, nflice hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING none CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WRITE PLA NOT WHILE AT WORK WORK , 1954 that I last saw the 22. I hereby certify that I attended the deceased from. 195%, and that death occurred at deceased alive on m., from the causes and on the date stated above. 23B. ADDRES 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCAMON (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Burjal 1953 Druid Ridge Jan. 5. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR un Tinglow VS 150



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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE LILITAN G. LOTTES DEATH Jan. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md . HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1400 N. Montford Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 766 Linnard St. Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years) If linder 1 Year last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) Widowed Mer. 20. 1873 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Richmond. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosa ? Byron Gail 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. William M. Lottes 3937 Stokes Drive INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-Psychosis TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WORK AT WORK 1933, that I last saw the 22. I hereby certify that I attended the deceased from MAU 14 . 19.52 to. deceased alive on Mr. 31, 1952, and that death occurred at 10 pm., from the causes and on the date stated above. 23A. SIGNATURE 23s. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Jan. 5. 195B

Meadowridge Cem. 25. FUNERAL DIRECTOR

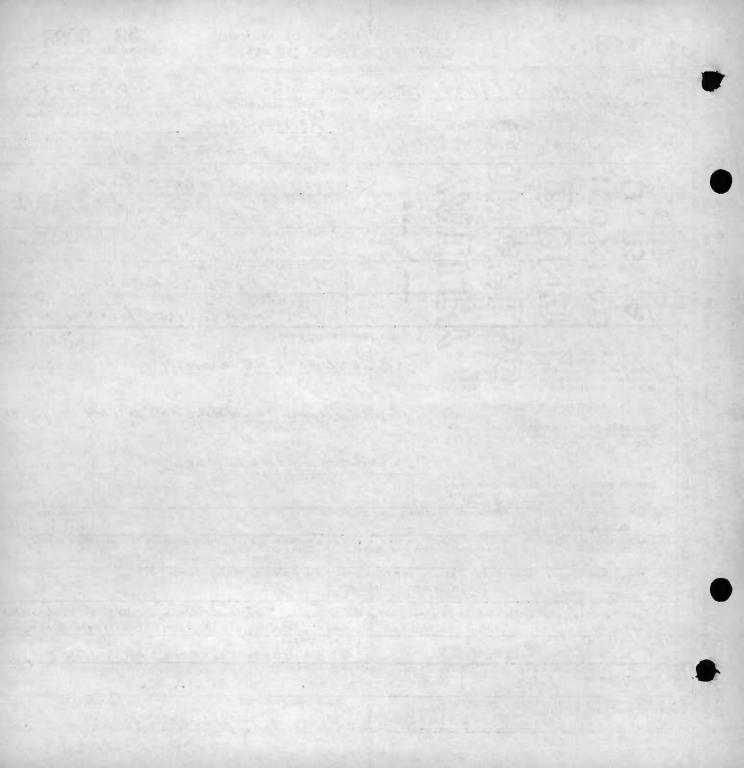
Elkridge, Md.

ADDRESS

VS 150

Burial

The C	1 (5;		EALTH DEPARTMENT 53 E OF DEATH Registered No.	0033
PLEASE WRITE PI LY, WITH UNFADING INK. Every item of information should be cfully supplied The correct is especially important. Physicians: please write the causes of death clearly and legibly.	(T 3. A. B. H(C) IN TO	NAME OF DECEASED Type or Print) PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR ISTITUTION Length of stay in Baltimore SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) MARIED WIDOWED, DIVORCED (Specify) MARIED OA. USUAL OCCUPATION (Give kind of a done during most of working life, even if rotired) OB. FATHER'S NAME MICHAEL S. WAS DECEASED EVER IN U. ARMED FORCEST 8, no or publicown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	A. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY NATION B. COUNTY NATION B. COUNTY NATION B. COUNTY (If outside corporate limits, BALTINI OIZE) D. STREET ADDRESS (If rural, give location) 1419 NORTH GATTE A. B. DATE OF BIRTH S. AGE (In years last birthday) Mont YOUNG TO BALTIMORE NAME 147RY TO 14. MOTHER'S MAIDEN NAME 147RY TO ADD 17. INFORMANT ADDITION B. COUNTY ADDITION AND ADDITION BROWN ADDITIO	write RURAL and give township 770. ader I Year H Under 24 Hours Chs. Days Hours Min. 2. CITIZEN OF WHAT COUNTRY
	MEDICAL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CDN.	NATION SHEAYRIA LOUB HOU OF DEATH NCHO-PNEUMDNIA NICPULMONARY ÉMPHYSER UNCHIECSTRSIS	INTERVAL BETWEEN ONSET AND DEATH
		4A. BURIAL CREMA 24B. DATE 24B. NAME OF CEMETE ON, REMOVAL Specify 1/5/52 New Cathedra	in or 21C. WHERE DID (If in Baltimore City, given) INJURY OCCUR? RED 21F. HOW DID INJURY OCCUR? C. 15, 1952 to JRN. 7, 1953 rred at 123 m., from the causes and on the causes are caused and the causes and on the causes are caused and the causes are caused and the causes are caused and the cause are caused and the caused and th	that I last saw the date stated above 23c. DATE SIGNED
Id co	L	VS 150 OCAL REGISTRAR Muntington Mathatus (M.). 290	Strong Sickener & Son	Md.



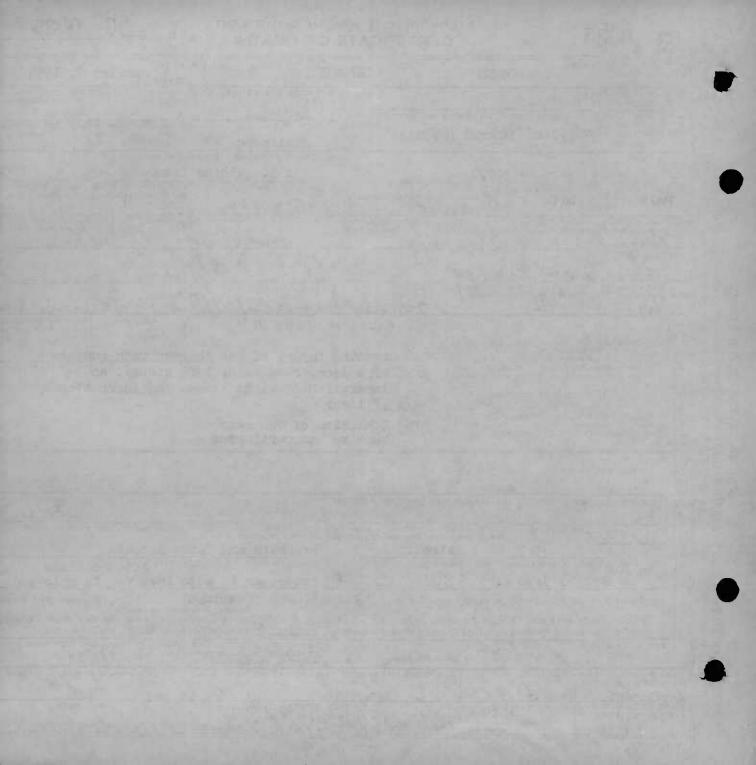
VS 150

before admission)

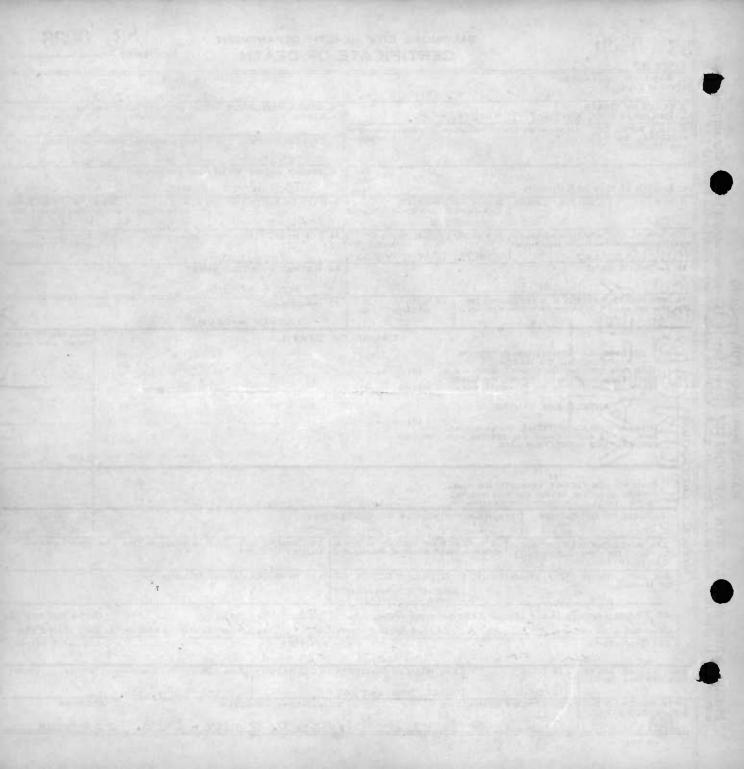
20. AUTOPSY

(State

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) - RAYMOND RIGNEY OF January 2, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF "f not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Maryland General Hospital refully Baltimore D. STREET ADDRESS legibly. Mos. 132 S. Palormo Avenue c. Length of stay in Baltimore Davs 5. SEX INGLE, MARRIED. 6. COLOR OR RACE | 8. DATE OF BIRTH AGE (In years If Under 1 Year last birthday) | Months: Days | Hours | Min. Male White norus 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF information sho work done uring most of working life, even if retired) INDUSTRY WHAT COUNTRY Course 13 MATHER'S NAME 14. MOTHER'S MAKEN NAM BINDING 15. WAS DECEASED EVER IN . S. ARMED FORCES Yes, no or unknown) (If yes, give war or data of service) SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 110 Jo INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Crushing Injury of the Abdomen with rubture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, xxxx of spleen, rupture of left kidney, and RESERVED injury or complication which caused death.) laceration of right kidney and laceration ANTECEDENT CAUSES xxx of liver DISEASES OR CONDITIONS, IF ANY, GIVING 本格 Contusion of Pancreas RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p Massive Hemoperitoneum MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ū 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important. 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB-UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? street Franklin and Eutaw Streets 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED auto collison OF INJURY NOT WHILE WHILE AT /2/53 3:30 A. passenger in auto involved in auto and especially WORK 22. I certify that I took charge of the remains described above, held an _ autopsy thereon and from Autopsy, Inspection or Inquiry RITE is esp the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA- 48. PATE 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR V S 151



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF LOUIS E. CONDON SR. DEATH fully supplie 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 1808 Light St. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 1808 Light Street Days information should be of death clearly and 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) il Under 1 Year last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 6/6/04 D 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Boilermaker Beth. Shipvards Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Mamie Woolen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. No Family - Same item INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 19A DATE OF OPERATION WITH LY, WITH important. No 21c. WHERE DID 21B. PLACE OF INJURY (e. g./in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY RITE PL 22. I hereby certify that I attended the deceased from LLC30 19.52 tos , 19 2 that I last saw the deceased alive on 2003 . 195 Land that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE/SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B, DATE 24D. LOCATION (City, town, or equity) TION, REMOVAL (Specify) /5/53 East New Market Cambridge. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR McCully - I30 E. Fort Avenue VS 150



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he) 3 BI	RTH NO.	,		CERTIFICAT	E OF DEAT	Н	Registere	d No	
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fully supplied ly.	В.	PLACE OF DEA Baltimore Cit	y, Maryland	al or institut	ion, give street address o			B. COUNTY		before admission)
	IN	OSPITAL OR ISTITUTION	Univ.	Baltin	ore	28	w = 0	township)		
be diegibly			y in Baltimore	514	Chal	, give location)	Cro.	77		
ld		F	COLOR OR RACE	WIDOW	E. MARRIED ED. DIVOR CED (Specify	SEP7. 13,1	1814	AGE (In years last birthday)	it Under 1 Months: I	
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information s of death cl		. FATHÉR'S NA		CALL	.15	14. MOTHER'S MA	T KN	a war		
of inforuses of d	15 (Yes	. WAS DECEASED s, no or unknown)	EVER IN U.S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	gele fi	2 51404	ADDRES	SS CHOZIA
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KESER INK. please	FICATION	DISEASES (NTECEDENT CAUS OR CONDITIONS, II ABDVE CAUSE (A) IG CONDITION LA	F ANY, GIVIN STATING TH	G DUE TO	cino ma	of Fication 4	breas NPPROVED	s 7	
MAKGIN UNFADING Physicians:	CERTIF	TRIBUTING T	II NIFICANT CONDI D THE DEATH, BUT ASE DR CONDITION	NOT RELATE	D		RAF	she	M. D.	-
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Eci.		22. I hereby deceased aliv		cnded the	deccased from	0-2/4,1950 erred at 10 Pm.	to 1-2	, 19		t I last saw the
VRITE is esp		23A. SIGNATU	WL 2	Hein		23B. ADDRESS .	Ho	ep	230	DATE SIGNED
AS		AA. BURIAL, CR DN, REMOVAL (Spe	1-6-	53	Moveland)	ERY DR CREMATORY	24D. LOCA	FION (City, to	wn, or eou	inty) (State)
PLEAS	LC	ATE RECEIVED DCAL REGISTRA JAN3 11		SSIGNATU	Filliams, Mi	25. FUNERAL DIR	Jarley	Ceton	add	e mess
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	IRTH NO. 4	9-2 105	3	CERTIFICAT	E OF DEATH Registered No.			
r)	'ype or Print)	A	Leste M	ason		2. DATE OF DEATH Jan	n. 1, 1953	
B.	FULL NAME	City, Maryland	tal or instituti	on, give street address or location)	4. USUAL RESIDENCE (A. STATE Maryland C. CITY OR TOWN (I	Where deceased lived. B. COUNTY	If institution: residence before admission)	
11	STITUTION	St. Agnes Ho	spital		Baltimore		S VILLE township)	
c.		stay in Baltimore		Yrs. Mos. Days		mont Ave. (28)	
5.	emale	6.COLOR OR RACE	WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH 12.11.1949	3	If Under 1 Year If Under 24 Hours Min.	
worl	k done during most	CCUPATION (Give kind of working life, even if retired	(108. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF WHAT COUNTRY	
		Ld Mason	et alkali	Deceased	14. MOTHER'S MAIDEN N Bernadine S			
(Ye	, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ine de.	ADDRESS 16 Hallen La	
CERTIFICATION	(This doe heart failt in jury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A: YING CONDITION L SIGNIFICANT CONE S TO THE DEATH, BUT SIESSASE OR CONDITION	OTH of dying, e. g. ans the disease caused death. SES IF ANY, GIVING STATING TH AST. OTTIONS CON NOT RELATE!	GE DUE TO COL	ale pre	mona		
	19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, fa	CE OF INJURY (e. g., irm,factory,street,office bldg.,	or 21c. WHERE DID (ste.) INJURY OCCUR?	(If in Baltimore City	, give expendation)	
2	21D. TIME OF INJURY	(Month) (Day) (Year		THILE AT NOT WHILE WORK AT WORK		Y OCCUR?		
	22. I herel	ou certifu that I at	tended the	deceased from /:	1 - 30, 19 52to red at His Pm., from		33 that I last saw the	

CERTIFICATE COMMECTED BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Edward C.Danz Sr. DEATH January Ist. 1953 efully supplie 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside copporate limits, write RURAL and give INSTITUTION I538 Holbrook Street township) Baltimore legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. I538 Holbrook Street c. Length of stay in Baltimore Days information should be of death clearly and 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH | If Under 1 Year | If Under 24 Hours | Months Days | Hours Min. 9. AGE (In years) last birthday) Male White July 19,1899 5 Married I3 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Baggage Clerk INDUSTRY WHAT COUNTRY Bus Company Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Danz Adelade 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or anknown) (If yes, give war or dates of service) SECURITY NO em of in No None 2I2-09-2693 Mrs. Josephine G. Danz-I538 Holbrook Street 18. CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO Salivery alend metastatic to ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING Cervical and avillant clands. RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p (c) at tic to line. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY VLY, WITH important. YES NO 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, affice bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK TE PI especial 22. I hereby certify that I attended the deceased from. 1913-to 11 13_, 19_, that I last saw the WRITE e is espe 19 5 and that death occurred at 8 00 Pm., from the causes and on the date stated above deceased alive on_ 23 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or equinty) (State) I-5-I953 Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR J.Ruth, Inc .- 1735 Harford Avenue VS 150

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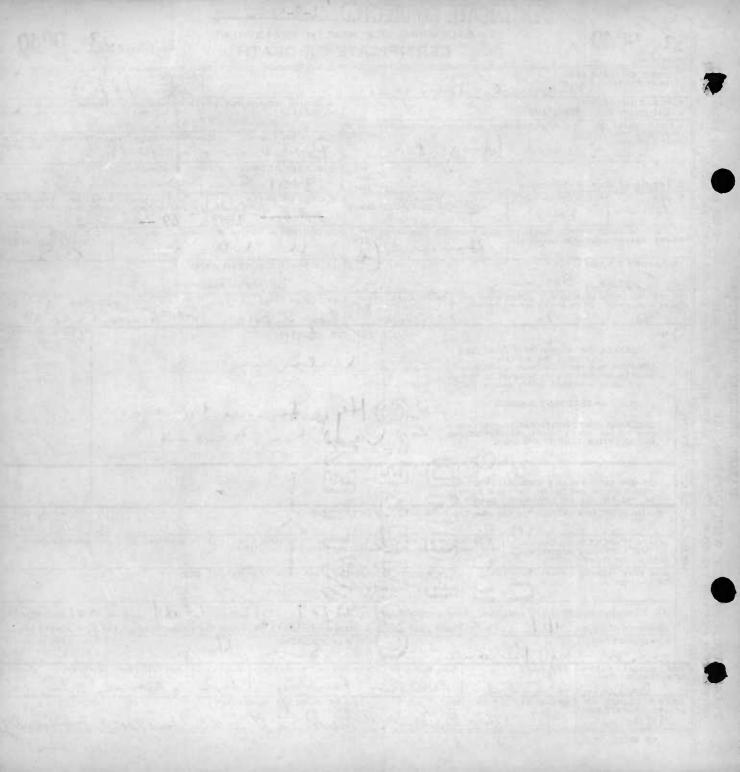
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF manu DEATH efully supplie 3. PLACE OF DEATH: 4 USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTRY ASTATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C-CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION legibly. D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days ld be 9. AGE (In years If Under I Year Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) 69 70 clearly 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yos, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes no INTERVAL BETWEEN 18. CAUSE ONSET AND GEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) . RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE! WHILE AT AT WORK 1953, that I last saw the 1952 to 22. I hereby certify that I attended the deceased from_ 19 53 and that death occurred at ('1) m., from the causes and on the date stated above. deceased alive on 23A-SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24 DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR



20. AUTOPSY (If in Baltimore City, give exact location) thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \mathbb{K} , accident \square , suicide \square , homicide \square , undetermined \square . 23C, DATE SIGNED 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S FUNERAL ADDRESS LOGAL REGISTRAR unlingelow VS 151

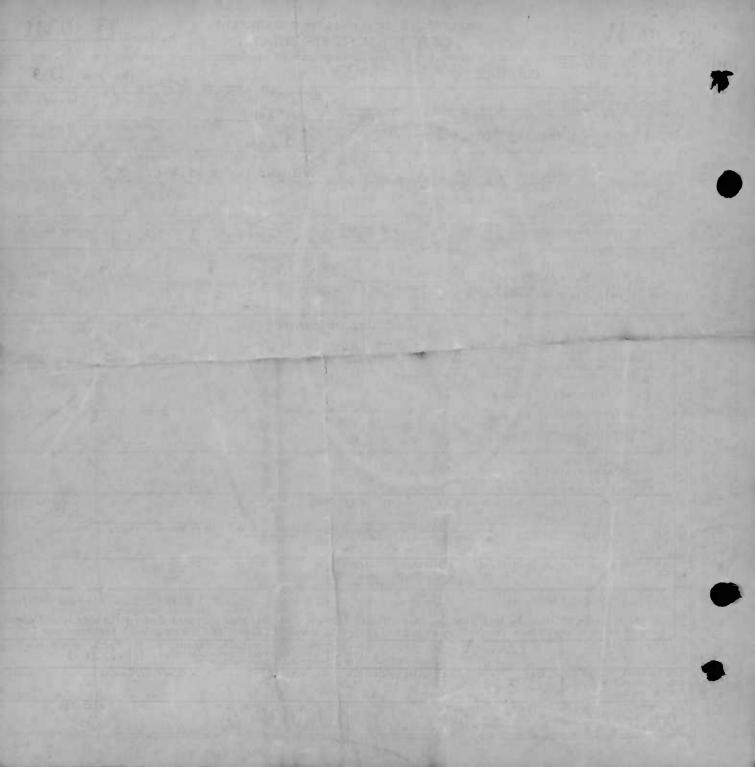
before admission)

12. CITIZEN OF

WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH



VS 150

LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

Every item of information should be carefully supplied. The write the causes of death clearly and legibly. BIRTH NO

(1	Type or Print)	Fred Able	e (Aeb	li)		OF January	7 2, 1953
B. H	FULL NAME	City, Maryland		ore, Md. on, give street address or location)	4. USUAL RESIDENCE A. STATE Maryland C. CITY OR TOWN	(Where deceased lived. If ins B. COUNTY	titution : residence before admission
IN	USPHS	Hospital			Baltimore	26-0	township
c.	Length of s	tay in Baltimore		? Yrs. Mos. Days	o. STREET ADDRESS	(If rural, give location) ona Ave, Baltimor	e, Md.
	Male	6.COLOR OR RACE White	WIDOW	MARRIED, ED, DIVORCED (Specify) ied	B. DATE OF BIRTH Jan. 3, 1887	9. AGE (In years If United as 1 Month	der i Year ff Under 24 Hours ns Days Hours Min.
wor	Va. USUAL OC k done during most of Unknow	CUPATION (Give kind of of working life, even if retired)	10в. KIND Unkn	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Switzerland	or foreign country) 12	WHAT COUNTRY USA
13	Jacob				Jennie		
15 (Ye	5. WAS DECEASE 10, no or naknown) Mes	O EVER IN U.S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Records, USPHS	Hospital, Balti	more, Md.
	(This does	JESE OR CONDITION LEADING TO DEA' not mean the mode ore, asthenia, etc. It mea	TH f dying, e.g ns the disease	Carcine	OF DEATH OMA of the head arcinomatosis	of the pancreas	INTERVAL BETWEEN
RTIFICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN STATING TH				
CERTIF	TRIBUTING TO THE OEATH, BUT NOT RELATEO						
	19A. DATE C	of OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City, give	e exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							

21E. INJURY OCCURRED NOT WHILE

21F, HOW DID INJURY OCCUR?

OF INJURY

AT WORK

22. I hereby certify that I attended the deceased from 12/1 deceased alive on Jan.

19.52 to

19___, that I last saw the and that death occurred at 8:50P m., from the causes and on the date stated above. 23B. ADDRESS USPHS Hospital, Balto., Md. Jan 3, 1953 Jan 3,

234 SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

BURIA2 DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR

ADDRESS

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UNFADING INK. Physicians: please

WITH important. MLY,

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH efully supplied 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) c. CITY OR TOWN VAlley St. INSTITUTION IMORE and legibly Yrs. Mos. 29 Days c. Length of stay in Baltimore 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) should learly an SINGLE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTR' one information C Douse Work death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT SECURITY NO y item of in 20 none 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: pl DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION MLY, WITH important. 21A. ACCIDENT, SUICIDE 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED TE PIN OF INJURY NOT WHILE AT WORK 22. I hereby certify that Lattended the deceased from WRITE is espe 1953, and that death occurred at deceased alive on 221. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

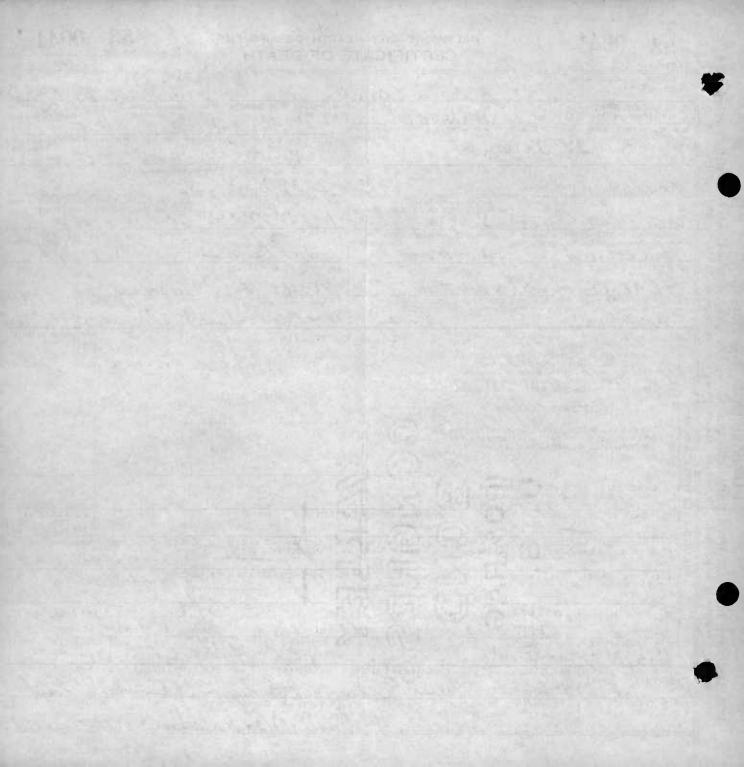
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4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) Of If outside corporate limits, write RURAL and give ADDRESS (If rural, give location) 9. AGE (In years lif Under I Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) that I last saw the m., from the causes and on the date stated above. 234. DATE SIGNED

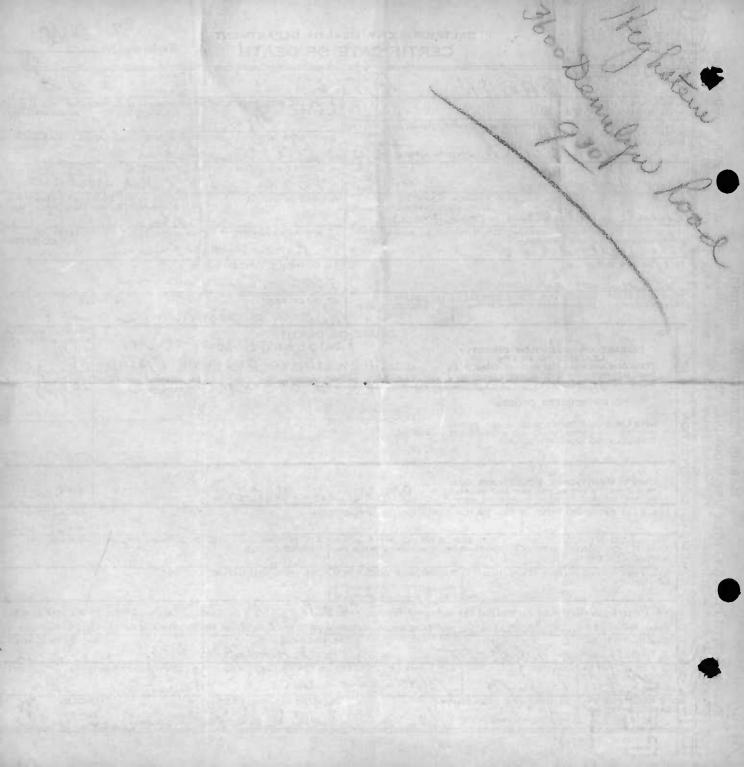
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BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (KARIN) 2. DATE (Type or Print) OF DEATH Vanuary 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institut, A. Baltimore City, Maryland B. COUNTY A. STATE ocfore admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITAL information should be carefully sof death clearly and legibly. INSTITUTION township) Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years Il Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. -25-9 manne 10A. USUAL OCCUPATION (Give kind of OB, KIND OF BUSINESS OR vork dopeduring most of working life even if retired) 11. BUTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Housewif 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
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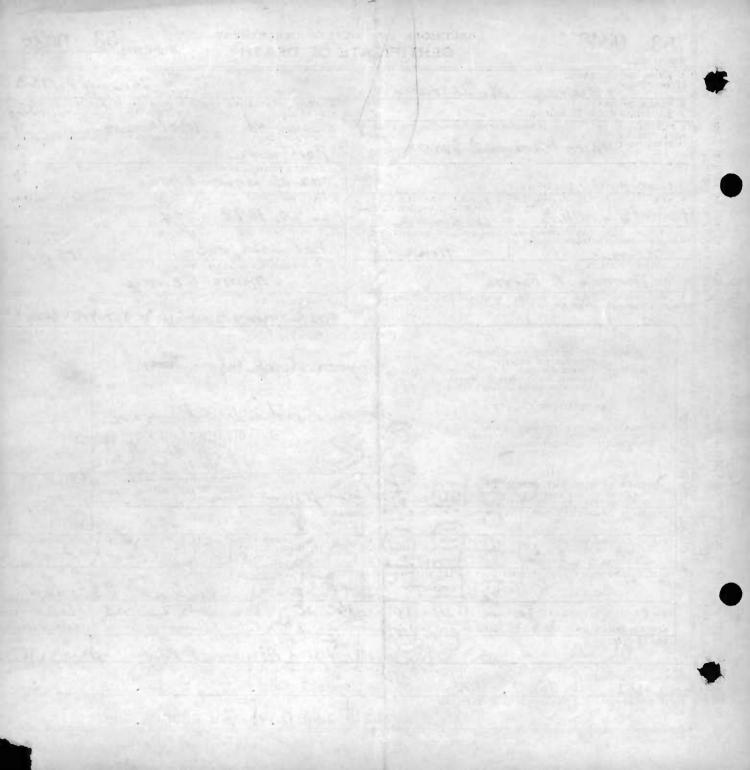
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF GUARINO DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION Huspital should be carefu Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore oher Days 5. SEX 6. COLOR OR RACE Il Under 1 Year 7. SINGLE, MARRIED. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | male Enl clearly IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF we Oxf CONDUSTRY vork done during most of working life, even if retired) WHAT COUNTRY information s of death cle acidites 13. FATHER'S NAME 16. SOCIAL SECURIT CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION WITH TE PLAINLY, WITH especially important. EDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from Dec. 20. , 19 62 to Law . 3, ..., 19 62 that I last saw the WRITE ge is espe 1953, and that death occurred at 120 am., from the causes and on the date stated above. deceased alive on law 23A. SIGNA 23c. DATE SIGNED DATE RECEIVED BY ADDRESS REGISTRAR'S VS 150

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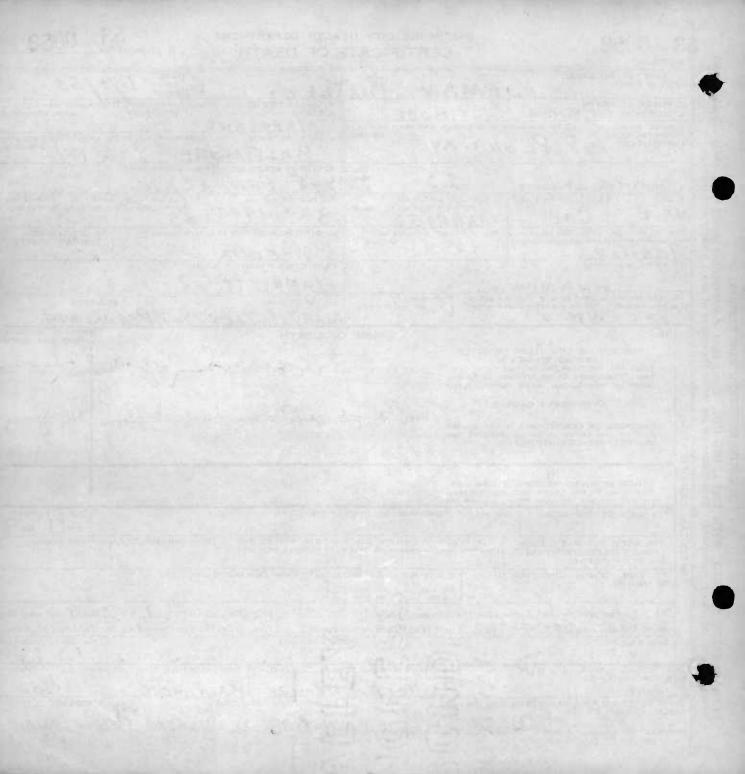


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) c.	UNIVERSITY H	OSpITA/ Yrs. Mos.	o. STREET ADDRESS (If		township)
			Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Unde last birthday) Months	1 Year If Under 24 Hours Days Hours Min.
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-26 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH an 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in bospital or institution, eve street address or HOSPITAL OR location) (If outside corporate limits, write INURAL and give C. CITY OR TOWN INSTITUTION (didenmes) Unison should be carefu Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days AGE (In years last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BURTH WIBOWED, DIVORCED, (Specify) 8 yre 10A. USUAL OCCUPATION (Givekindof) IOB. KIND OF BUSINESS OR 11. BLATHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR information of death cl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no of onknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO -03-33 NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTI 111 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? MEDICAL important. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY ecially WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 29 Nov , 1952 to 2 Jon ., 1953, that I last saw the esp , 1953, and that death occurred at 4:15 m., from the causes and on the date stated above. deceased alive on 3 Jo-23A SIGNATURE 23c. DATE SIGNED don 24A. BURIAL, CREMA-NAME OF CEMETERY OR CREMATORY CREMA-24B. DATE surrial anuarys DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRE VS 150

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55 N. ARLIAUTON ALE. BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ORMAN DEATH arefully supplied legibly. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ENNA-AVE. ALLIMORE Yrs. (If rural, give location) Mes. c. Length of stay in Baltimore Days should be early and 6. COLOR DR RACE 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. NALE MARRIED 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s ANITOR 13. FATHER'S NAME ATH HEURC 14. MOTHER'S MAIDEN NAME UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or naknowa) (If you, give war or date SECURITY NO. W.W. I INTERVAL BETWEEN CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: pl (C) ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH EDICAL NO ! VES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING[] OR CONTRIBUTING[] CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Ily NOT WHILE WHILE AT AT WORK 22. herchy certify that I attended the deceased from , 19 3 that I last saw the WRITE e is espe 195 Land that death occurred at deceased alive on from the causes and on the date stated above 238. ADDRESS 23A. SJGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA- 48. DATE 24c. NAME OF CEMETERY OR CREMATOR 240 LOCATION (City, town, or county) TION, REMOVAL (Specify) TURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



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UZ	rmation should be arefully suppliedeath clearly and legibly.	
MANGIN RESERVED FOR BINDING	NLY, WITH UNFADING INK. Every item of information should be carefully supplie. The stially important. Physicians: please write the causes of death clearly and legibly.	NOTE A CHARLES
	WRITE P. NLY, WITH ge is especially important.	- A CIGURA
	PLEATE COLLEGE	

53 0053 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) R. LEINNAC DEATH 4 USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write INIRAL and give INSTITUTION Mu Municial Bolhwork D. STREET ADDRESS (If rural, give location) Mos. Charles c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | ff Under 1 Year | ff Under 24 Nours | last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Lept. 8. 1912 married OA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY horisewile Vinuena 13. FATHER'S NAME ames 15 WWAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT DORESS (If yee, give war or dates of service) es, no or nnknown) SECURITY NO -01-4 NTERVAL BETWEEN 18. 170X OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 2. , 19 3, to four. 3, , 19 13, that I last saw the 22. I hereby certify that I attended the deceased from , 19 12, and that death occurred at 6 6 m., from the causes and on the date stated above, deceased alive on Lau. 3 234. SIGNATURE 23c. DATE SIGNED Munniel Kor 4A. BURIAL, CREMA N. REMOVAL Specif ADDRESS 2024 DATE RECEIVED BY REGISTRAR'S SIGNATURE QCAL REGISTRAR VS 150

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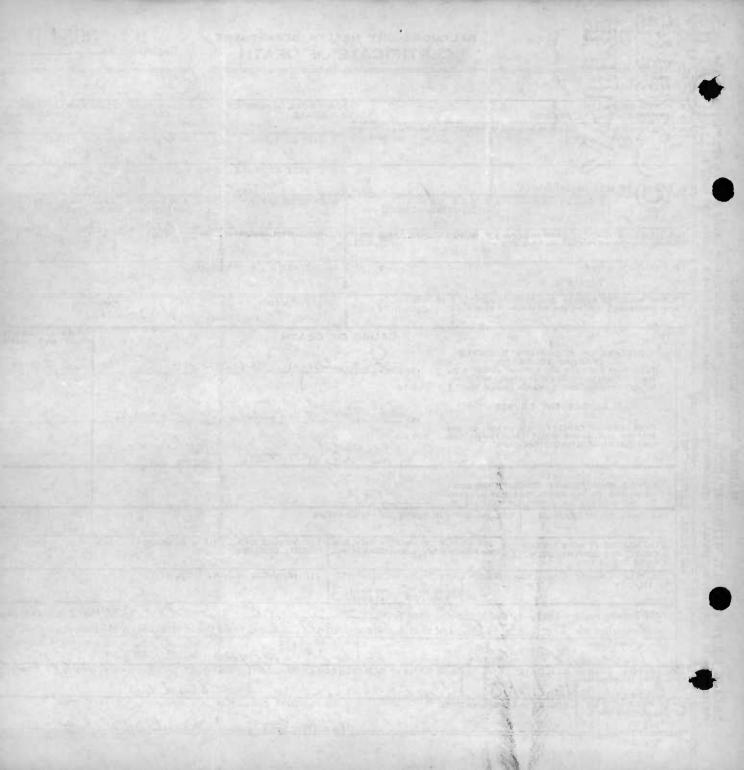
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Clara Agnes Dobson OF Jan 3 1953 DEATH 3, PLACE OF DEATH: 3114 Tyncale 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 3114 Tyndale Davs 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years, last birthday) If Under 1 Year WIDOWED, DIVORCED (Specify) Months Days Hours Min. Female widow feb 2 1872 80 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY at home Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Mooney Barbara Leffner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, ao or unknown) SECURITY NO. Mrs Ruth Kellner 3114 Tyndale Ave NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK , 1927 that I last saw the 22. I hereby certify that I attended the deceased from 19 27 deceased alive on the. 1922, and that death occurred at _m. Arom the causes and on the date stated above. 23A. SIGNATURÉ 23c. DATE SIGNED 0 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE 1-3-53 (Type or Print) OF John Rutkowski DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence refully suppl A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give St. Agnes Hospital INSTITUTION Baltimore o. STREET ADDRESS (If rural, give location)
1502 Cyprus St. #26 Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year lactical day) Months Days Hours Min. WIDOWED DIVERCED (Specify) information should of death clearly an Mala 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Schell Oil Pipe Fitter Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GAS ROE. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. causes 2-01-1900 1502 Cupress 420.1 INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 1957 to 22. I hereby certify that I attended the deceased from 12-19 19 5, that I last saw the 19.53 and that death occurred at 5.45 m., from the causes and on the date stated above. deceased alive on /-23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION City, town, or county (State) DATE RECEIVED BY LOCAL REGISTRAR

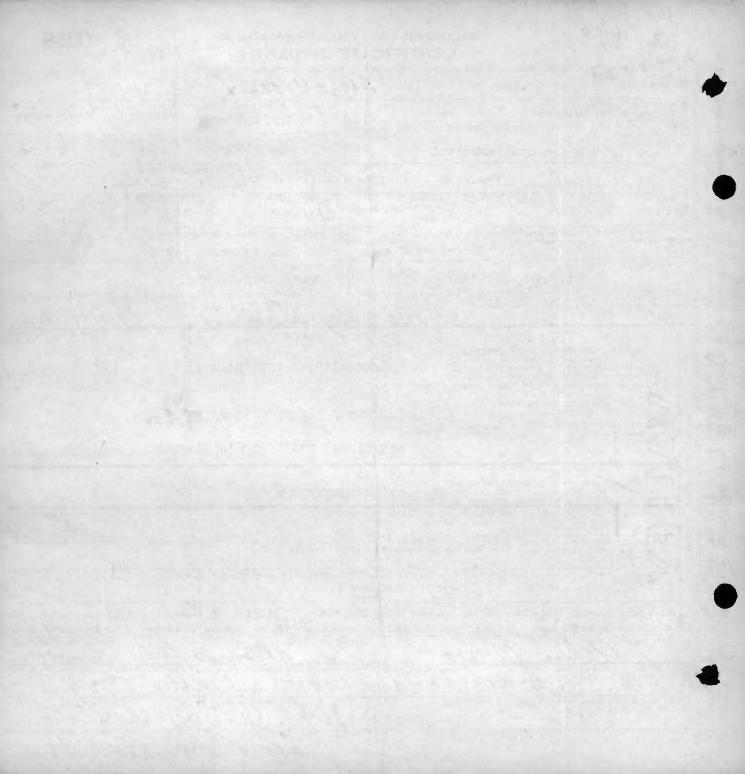
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE ENNIE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence refully suppli A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION legibly. Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore Days ld be 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If linder I Year WIDOWED, DIVORCED (Specify) last birthday) | Months! Days | Hours | Min. should marrie 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s allon 13. FATHER'S NAME PROP 14. MOTHER'S MAIDEN NAME ma 15. WAS ECEASED EVER IN U. S. ARMED FORCES?
(Yes, po or anknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. item 18. 155X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH are to slaver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CVI di scare. UNFADING Physicians: (C) RTI OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NLY, WITH important. 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from. Y . 1963, that I last saw the deceased alive on 1960. Y 1960, and that death occurred at Im., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23. DATE SIGNED Vash Height 24D. LOCATION (City, town for county) 244 BURIAL CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY (State) Mural DATE RECEIVED BY REGISTRAR'S SIGNATURE 5. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

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S equ	BI		EALTH DEPARTMENT E OF DEATH	53 Registered No.	0057
IN RESERVED FOR BINDING ING INK. Every item of information should be refully supplied Tins: please write the causes of death clearly and legibly.	1. (T	NAME OF DECEASED ype or Print) SLADEK SELMA		2. DATE OF DEATH 1 - S	-53
	B. H	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) ISTITUTION (If not in hospital or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	before admission
		Length of stay in Baltimore Reference Mos. Days		ural, give location)	Dr.
		WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months	Days Hours Min.
	MOLI	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) The W. (11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY
		Solomon Bleak man	14. MOTHER'S MAIDEN NA Buthu 5e/a		
	(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (a, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Bertha Bleak	man - Do	RESS
	FICATION	DISEASE OR CONDITION DIRECTLY	OF DEATH ticemia, & col liosacoma, ge utais, lielate	nerallys	INTERVAL BETWEEN
MARGIN UNFADING Physicians: 1	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS	MATION		
WITH rtant.	CAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., i		in Baltimore City, give	YES NO
ILY,	MEDI	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY		
WRITE PI		d. Felipe bonzaly M.D.	U, H	e causes and on the d	1- 5-53
PLEAS correct	D	M. BURIAL, CREMA- N. REMOVAL (Specify) - 6 - 4 3 ACTION REGISTRAR'S SIGNATURE DCAL REGISTRAR DAN 5 1951 Handware Walliams M.	15. FUNERAL DIRECTOR	Palto AL ZION City, town, or of	ounty) (State) Md DRESS
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	53 0058 RTH NO. BALTIMORE CITY HE CERTIFICATE	00 00.70
(T		PAR C. FELIX) 2. DATE OF 1/4/1953
Α.	Baltimore City, Maryland Yes	4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission
HO	FULL NAME OF (If not in hospital or institution, give street address or location) SSPITAL OR location Bon Secours Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township
	Length of stay in Baltimore Life-time Yrs. Mos. Days	old W. Ramsay St, Balto-23-Md.
M	sex 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/3/1880 9. AGE (in years last birthday) Months Days Hours Min.
work	A. USUAL OCCUPATION (Givekindof done during most of working life, even if retired) Paper-hanger	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY
	FATHER'S NAME William Filliaux	14. Mother's Maiden Name Mary Steelberg
(Yes	was DECEASED EVER IN U, S. ARMED FORCES? In mo or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	Ophia VILLIAUX IVII LAMSAYOX
RTIFICATION	heart failure, asthonia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ry Insufficiency sclerotic Cardio Vascular Disease
CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Emphysema
ICAL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER. 21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e.g., in	or 21C. WHERE DID (If in Baltimore City, give exact location)
MEDI	LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., eCAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
	23A. SIGNATURE Mellan 2	red at 375 a.m., from the causes and on the date stated above BB. ADDRESS 23c. DATE SIGNED 23c. DATE SIGNED
3/2	M. D. A) PORIAL: CREMA- 24B. DATE 24C N.ME OF CEMETER A) REMOVAL (Specify) 1-6-19/3 20000	
4	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25/FUNERAL DIRECTOR / ADDRESS



information shoul

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

PLACE OF DEATH:	2.	USUAL	RESIDENCE	OF	DECEASE
Baltimore City, Maryland			NA -		

- (b) Street address \$126 BELAIR ROAD
- (c) Hospital or institution:
- (d) Length of stay in hospital or inst. (yrs., mos., or days).....
- (e) Length of stay in Baltimore (yrs., mos., or days) 35 VAS

3 (a) FULL NAME LORENCE LANE

- 3 (b) If veteran, name war 3 (c) Social Security Account
- No 6 (a) Single, married, widowed, or 5. Color or race
- divorced
- 6 (b) Name of husband or

6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.)

- 8. AGE: Years Months If less than one day Davs
- 9. Birthplace....
- (Town, county, and state) 10. Usual Occupation OUSEWIFE
- 11. Industry or business 12. Name 4 0 5
- 13. Birthplace
- 14. Maiden Name 15. Birthplace
- 16 (a) Informant
 - (b) Address
 - (Burial, cremation, or removal)
 - (c) Cemetery or Location.....
- 18 (a) Funeral director.
- (b) Address. 19 (a): (Date rec'd by registrar)

- (a) State (b) County
- (If outside city or town limits, write RURAL and give town)
- (d) Street No. 5126 BELAIR ROAD
- (e) Citizen of foreign country?..... If yes, name country.....

AMPBELL

MEDICAL CERTIFICATION

- 20. DATE OF DEATH And 4 21. I certify that death occurred on the date above stated; that I attend-
- ed deceased from Nec 2 1958 to Ken and that I last saw her alive on the
- Duration
- Other Conditions Grande and on
- PHYSICIAN (Include pregnancy within 3 months of death) Date of operation Underline the Major findings of operation:..... cause to which death should be charged statis-
- 22. If death was due to external causes, fill in the following:
 - (a) Accident, suicide, or homicide.....
- (b) Date of occurrence......at
- (c) Where did injury occur? (City or town) (County)
- (d) Did injury occur about home, on farm, industrial place, in public (Specify type of place) While at work?
- (e) Means of injury.
- Address 42

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BALTIMORE

5126 BELLIA RICKE

5126 BEILIN ROLD

INSTRUCTIONS FOR MEDICAL CERTIFICATION

DELYCHOOR CHEV MEALER REPARTMENT

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one eause contributing to the death, the physician is expected to underline that particular ONE

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eause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

Housewill

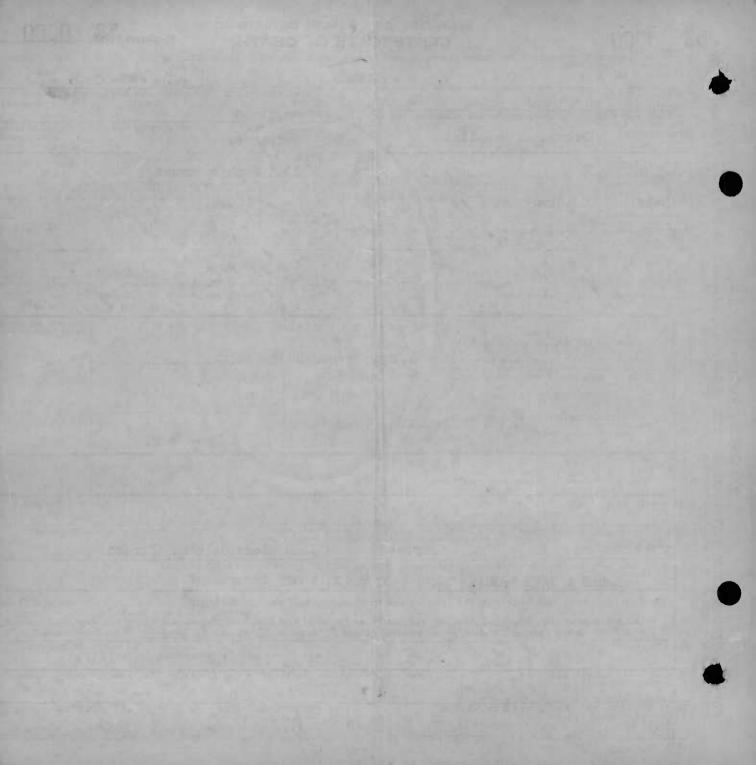
For additional discussion of this subject see PHYSI-CIANS' HAND BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

City Health Department.

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53 0061 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence refully suppl B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR JOHNS HOPKINS HOSPITAL (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED BIRTH 9. AGE (In years | Under 1 Year | H Under 24 Hours last birthday) | Months Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORGED (Specify) should learly an 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information MENCHAN 0C&74 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME 15. WAS DEFEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT ADDRES SECURITY NO. JOHNS HOPKINS causes HOSPITAL INTERVAL BETWEEN y item 18. 002X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT. RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION WITH EDICAL important. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hidg., atc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from / 2 - 4-1953 that I last saw the deceased alive on_ 1953 and that death occurred a m., from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURI JOHNS HOPKINS HOSPITAL 24A. BURIAL, TREMA 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) TION, REMOVAL (Specify unias DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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VS 150

12. CITIZEN OF

ADDRESS

WHAT COUNTR'

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

ADDRESS

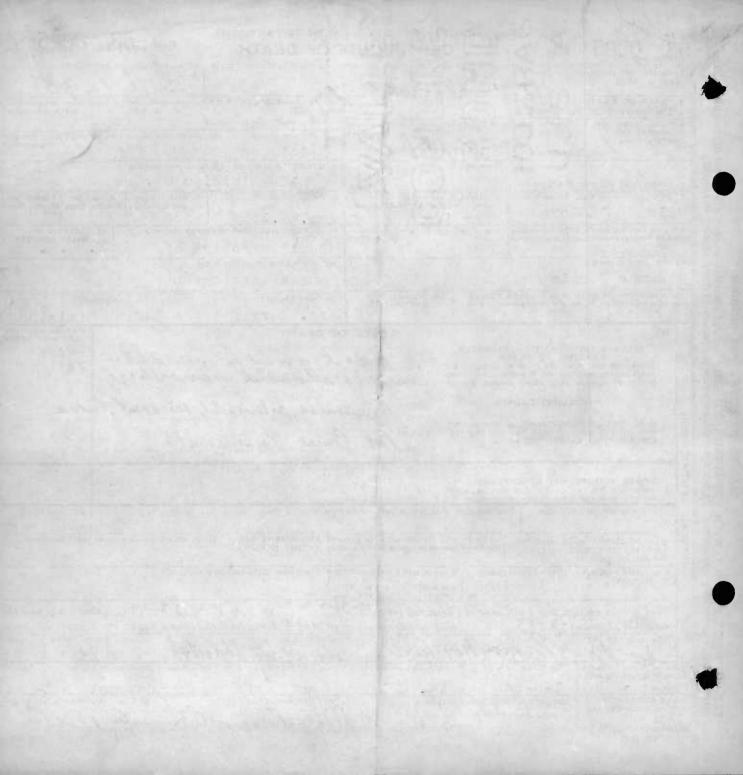
(State)

before admission)

WITH THE PROPERTY OF THE PROPE

	RTH NO.	Ö		CERTIFICAT	E OF DEATH	Register	ed No. 10065
	NAME OF D	Jam Jam	es l	loching +	tre	OF DEATH	12/5-3
	PLACE OF D	City, Maryland		8	4. USUAL RESIDENCE		ed. If institution : residence Y before admissi
В.	FULL NAME		tal or institut	tion, give street address or location)	The second secon		***
IN	STITUTION	Januarit.	16	pital	Baltimore	(If outside corporate	limits, write RURAL and g
-	1	rummy	77-7.	Yrs.	D. STREET ADDRESS	(If rural, give locatio	n
c.	Length of s	tay in Baltimore		Mos. Days	2102 Div	ision St.	
	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	rs f Under 1 Year f Under 24 He
	ale	Colored	Mari		Aug. 27.1900	52) Months Days Hours M
10.	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTS
• • •	Labore	r		Sen.	South Caro		U. S. A
13	. FATHER'S	Harris			14. MOTHER'S MAIDE		
15		ED EVER IN U. S. ARMEI	D FORCES?	1 16. SOCIAL	Annie Wash	rug con	
(Yes	, no or unknown)	(If yos, give war or date	e of service)	SECURITY NO.	Mrs. Margar	ot Woshins	ADDRESS 2102
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MEDICAL CERTIFICATI	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING TO THE D 19A. DATE (21A. ACCIE LYING OF CAUSE OF 21D. TIME OF INJURY 22. I hereb deceased a 23A. SIGNA ON PEMOVAL (S	Inc. asthenia, etc. It means the mode of the asthenia, etc. It means the mode of the complication which of the complication which of the complication of the above cause (A) If the condition of the death, but the condition of the death, but the condition of the	of dying, e. ins the disease raused death season death	CC) CC) CC) CC) CC) CC) CC) CC)	RATION THE OF THE PROPERTY OF	(If in Baltimore Court occur? 1-2-52 m the causes and occurs and occurs occurs.)	20. AUTOPSY YES NO Sity, give exact location) 19—, that I last saw on the date stated abo 23¢. DATE SIGNI 1/2/53 town, or county) (State
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1. NAME OF DECEASED

3. PLACE OF DEATH:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Yrs. Mos. A. STATE

Md

C. CITY OR TOWN

	53	00866
Registered	No.	

township)

BIRTH NO. (Type or Print)

Lottie H Bregel

2. DATE OF

Jan 3 1985 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)

(If outside corporate limit), write RURAL and give

A. Baltimore City, Maryland 716 N Broadway B. FULL NAME OF

(If not in hospital or institution, give street address or location) INSTITUTION

Baltimore o. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore 5. SEX

Days 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) 716 N Broadway

9. AGE (In years)

Female 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR

work done during most of working life, even if retired Housewife INDUSTRY 8. DATE OF BIRTH Feb 2 1896

AGE (In years of Under 1 Year of Under 24 Hours Set birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William A Han

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown)

16. SOCIAL SECURITY NO.

DUE TO

14. MOTHER'S MAIDEN NAME Lottie Hubbard

17 INFORMANT ROYER 709 M Browny ADDRESS

18. DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase. injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Une toel obstruction

CAUSE OF DEATH

(A) Wasmia

(c) Concunina, Cervy, West OUE TO

23B. ADDRESS

20. AUTOPSY

1925, that I last saw the

23C. DATE SIGNED

NTERVAL BETWEEN

ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

2.m., from the causes and on the date stated above.

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour) OF INJURY

NOT WHILE!

1957, to 200 3

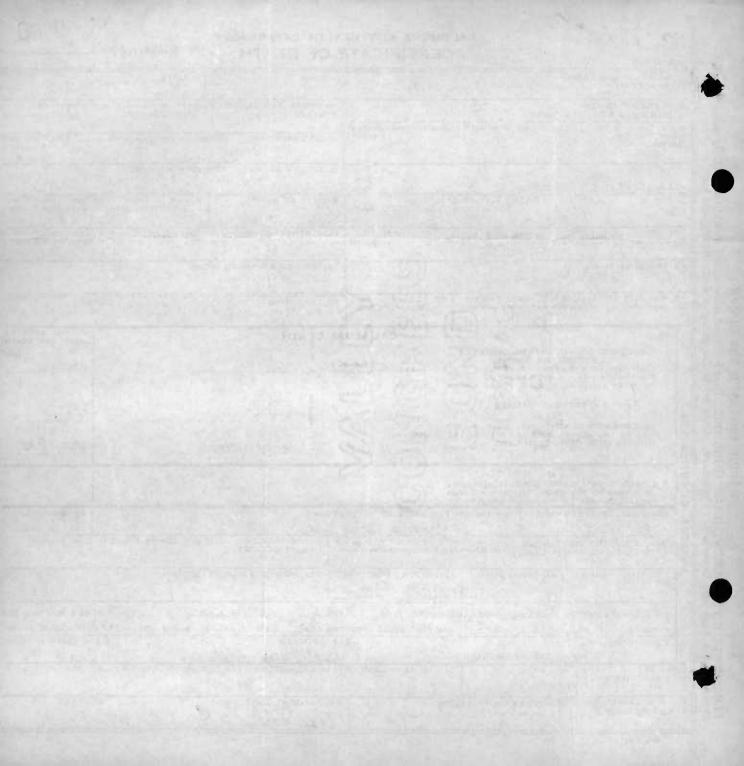
22. I hereby certify that I attended the deceased from June 6 deceased alive on. 23A. SIGNATURE

1953, and that death occurred at

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B. DATE Buraal Jan 5/53 Baltimore Cemetery Baltimore

DATE RECEIVED BY

REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR

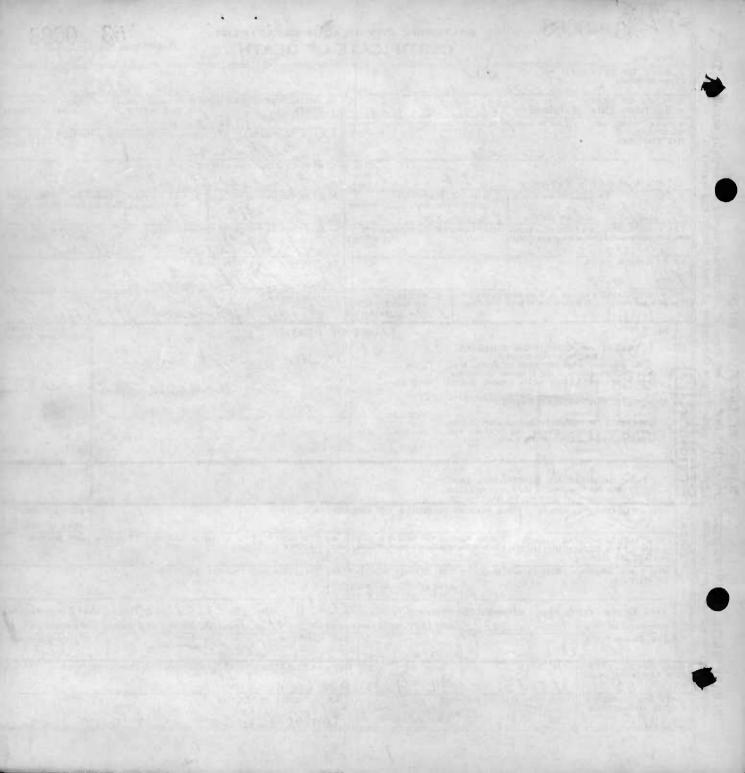


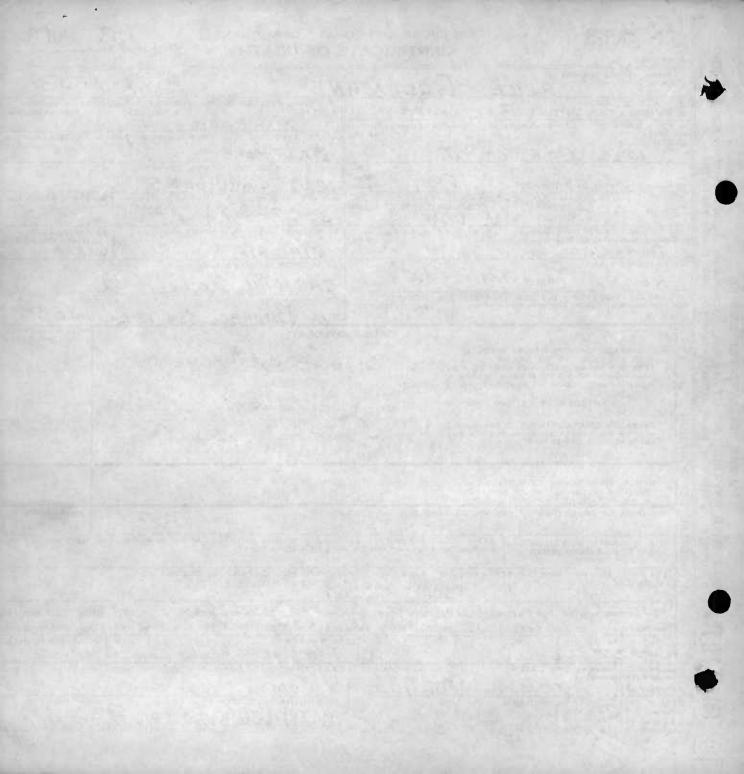
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Registered No.	2000

BIRTH NO.	CERTIFICATI	E OF DEATH	Registere	No. UUG		
1. NAME OF DECEASED (Type or Print)	Bassas		2. DATE OF DEATH JA	2 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland	(Poth	4. USUAL RESIDE	NCE (Where deceased lived,	If institution: residence lefore admission)		
HOSPITAL OR	al or institution, give street address or location)	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give township)		
	Yrs. Mos.		SS (If rural, give location)	F200		
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE	Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under I Year I Under 24 Hours Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work dope during most of working life, even if retired)	10B. KIND OF BUSINESS OR		4 7 B	12. CITIZEN OF WHAT COUNTRY		
FARMER 13. FATHER'S NAME		MARY C		WHAT COUNTRY		
15. WAS DECEASED EVER IN U. S. ARMED	SAUER D FORCES? 16. SOCIAL	17. INFORMANT		ADDRESS		
(Yes, ao or unknowa) (If yes, give war or dates	s of service) SECURITY NO.		OPKINS HOSPITAL	ADDRESS		
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which experiments of the complex of the c	f dying, e. g., ns the disease, raused death.) EES F ANY, GIVING STATING THE DUE TO	tuene of y	m Tite s	ONSET AND DEATH		
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED					
19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	ATION		YES NO		
Y 21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg.,	n or 21c. WHERE DI	D (If in Baltimore Cit;	y, give exact location)		
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	ED 21F, HOW DID	INJURY OCCUR?			
	22. I hereby certify that I attended the deceased from 12-12, 1953, to 1-2, 1953, that I last saw the					
23A. SIGNATURE DUBE		3B. ADDRESS	PKINS HOSPITAL	23c. DATE SIGNED		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Jun 6-	1953 OAK UHU		BAUTI MOPE	wn, or county) (State)		
DATE RECEIVED BY REGISTRAR'S	S SIGNATURE	25. FUNERAL DIRE	CTOR HOME	ADDRESS 7112		

S. II II CA . A REPRESENTATION THE PERSON NAMED IN





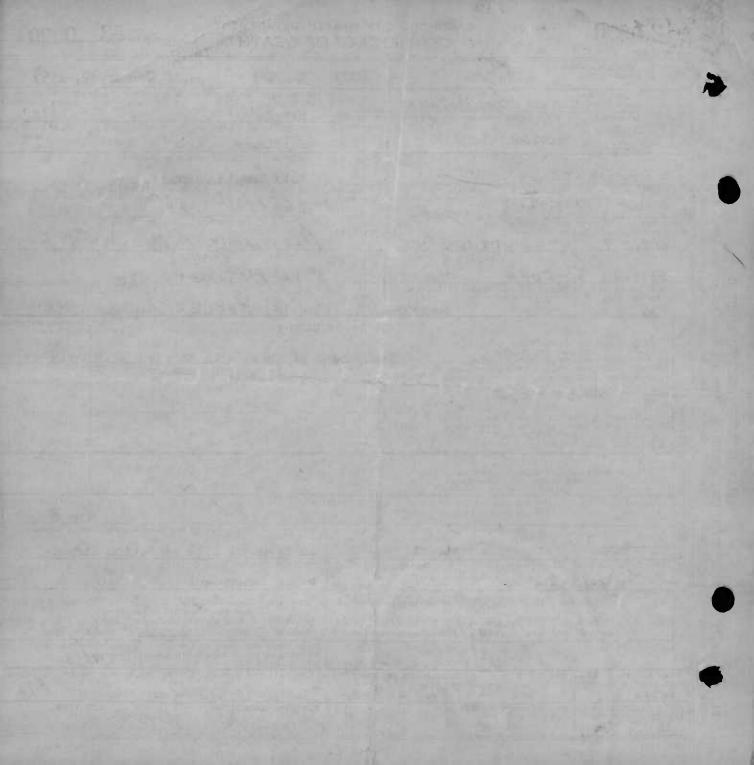
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ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR JAN 5 195

REGISTRAR'S SIGNATURE

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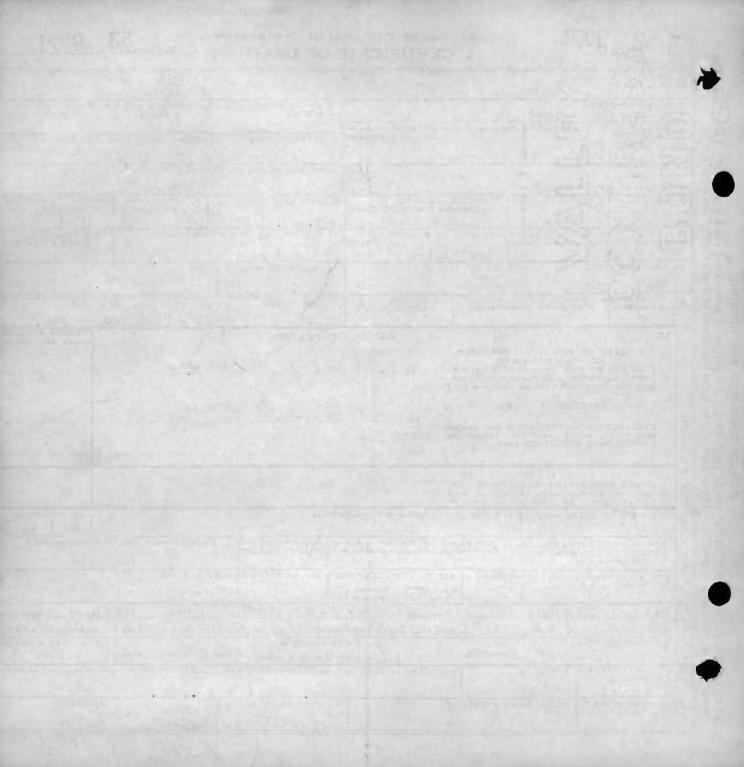


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BALTIMORE CITY HEALTH DEPARTMENT

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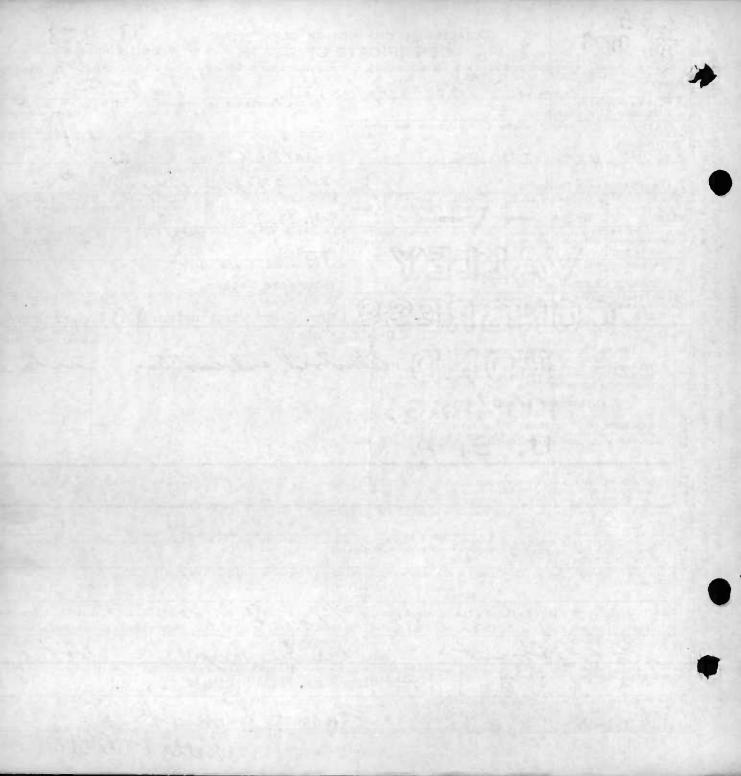
he 4	В	CERTIFICATI	E OF DEATH	Registered No.	-E-
S. po	1.	NAME OF DECEASED Type or Print) Robert L. Done		2. DATE OF DEATH Jan. 2, 19	53
supplied		PLACE OF DEATH: Baltimore City, Maryland Baltimuse	4. USUAL RESIDENCE (W	here deceased lived. If institution : re-	sidence admission)
11Jy	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR NSTITUTION PORTAGO HOSPITAL	c. CITY ON TOWN (III	outside corporate limits, write RURA	Lynd give township)
refu legibly.	-	Yrs. Mos. Days	D. STREET ADDRESS (If r		0
ld be	_	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 12. 1887		Under 24 Hours ours Min.
on should clearly ar	1C worl	Da. USUAL OCCUPATION (Give kind of k done during moet of working life, even if retired) Painter Railroad	11. BIRTHPLACE (State or for		OF OUNTRY?
atio	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
of information uses of death cl	10	Hugh Doyle	Mary Elizabeth Lu	itton	
inf s of	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
of ouse			OF DEATH		BETWEEN
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UNFADING INK. E Physicians: please wr	FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Acrioselezotic	Hours Arous	
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NLY, WITH important.	EDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., etc.)		f in Baltimore City, give exact loca	tion)
III im	Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK		OCCUR?	
re Prespecia		22. I hereby certify that I attended the deceased from deceased alive on 1 - 2, 1953, and that death occur	//6 ,1949 to	1-2, 1953 that I last	
WRITE is esp		23A. SIGNATURE Weiss, M.D.	38. ADDRESS	don and 1-3-	
SP	2. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	RY OR CREMATORY 24D. LC	OCATION (City, town, or county)	(State)
PLEASP correct	D	Burial 1/6/53 Loudon Parl ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	Cem Balt 25 FUNERAL DIRECTOR	Appress	
		VS 150 56	450	saeto 17, Mr.	d -



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF efully supplied Locher, Dr. Roy William DEATH Jan. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland location) (If outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION legibly. St. Joseph's Hospital Baltimore 12 Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 106 Taplow Road Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX information should be 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years if Under 1 Year last birthday) Months Days Hours Min. Dec. 30, 1885 White Married 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY: Physician Retired Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles A. Locher Mary Blomeyer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Every item of i Mrs. Mazie E. Locher - 106 Taplow Rd. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Terminal bronchopneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MACKED ANTECEDENT CAUSES INK. (B) Cerebral thrombosis ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING Myocardial infarction DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. Due to Arteriosclerosis, generalized OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WORK 22. I hereby certify that I attended the deceased from Oct. 1 , 1951, to Jan 3, , , 1953, that I last saw the deceased alive on Jan 3. . . 19 53, and that death occurred at 3:10 Pm., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 1400 N. Caroline St. Jan. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B. DATE 6/53 Druid Ridge Cem. Pikesville Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Turking for Villesia VS 150 07585

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M		C2 DE	177	BAL	TIMORE CITY HE	EALTH DEPART	MENT	53	007	73
he	В	IRTH NO.	7.0	(CERTIFICAT	E OF DEAT	Н	Registered	No.	
	1.	NAME OF C	ECEASED	(Chew)	/ 11. /			2. DATE	1.10-	
ied.			/ humas	C. W	orthingto	n, III		OF DEATH	1/35	
supplied		Baltimore	City, Maryland			4. USUAL RESID	ENCE (W	here deceased lived. B. COUNTY		: residence (re admission)
ns		FULL NAME OSPITAL OR	OF (If not in hospit	al or institution	on, give street address or location)			11 0	16	
ılly		STITUTION.	c 11.		location)	c. CITY OR TOWN	V (If o	outside corporate lin	hits, write R	RAL and give township)
efu bly.	2	/110.	Gen. Ho	sp.	Yrs.	D. STREET ADDR	TEC (IF "	ural, give location)		
efu	-	Length of s	tay in Baltimore		Mos.	21/3 P	ムムム	2 rove.	SV Z	7/6
		SEX	6. COLOR OR RACE	7. SINGLE	Days Days	8. DATE OF BIRTS	H	9. AGE (In years)		If Under 24 Hours
on should be	ma	le	white	widowi	ED.DIVORCED (Specify)	Feb. 13, 18	382	last birthday)	Months Days	Hours Min.
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cles	WOI	salesma	of working life, even if retired)	X-Ray	Equipment	Maryland			WHA	T COUNTRY
rmati	13	FATHER'S	NAME		(171)	14. MOTHER'S MA	AIDEN NA	ME		
			Chew Worthing			Mary Kate Walker				
nfo	15 (Ye	. WAS DECEAS o, no or unknown)	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY, NO.	17. INFORMANT ADDRESS St.				
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		18. 430	.0	THE STATE	CAUSE	OF DEATH				T AND DEATH
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ery e t		(This does	not mean the mode o	f dying, e.g.	(A)	world en	doca	rdile.	3-	wks
Ever			complication which c							
			ANTECEDENT CAUS	ES					4	
INK. please	O	DISEASE	S OR CONDITIONS, IF	ANY, GIVING	(B)	***************************************				
7 PG	FA	UNDERL	HE ABOVE CAUSE (A)	STATING THE ST.						
NFADING hysicians:	FIC.				(C)			•••••		**********
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ILY, impo	Σ	21D. TIME	(Month) (Day) (Year)	(Hour) 2	IE. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?		
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Picia		22. I herch	y certify that I att			-/17 105	2, to_/	/2 10	53 that I	last saw the
TE P. especi			live on /2	1953 a	nd that death occur	red at 2:55 Pm.	from th	e causes and on	the date s	tated above
RIT is		23A. SIGNA		1	2	3B. ADDRESS	//			ATE SIGNED
		19	- Com	2and	м. р. 1	I'd Den	Hory	n.	1/2	153
PLEASE VRITE P.	T10	AA. BURIAL.	crema- 248. DATE pecify) 1/5/5		4c. NAME OF CEMETE Druid Ridg			Sville, Md) (State)
LE	D	ATE RECEIVE	D BY REGISTRAR	SIGNATU	RE///	25 FUNERAL DIE	RESTOR	1.	ADDRES	SS
E P		JAN 5	1953 Thurt	ARE I	which his	ellan : 1.	Vich	ener/ +x	ono	
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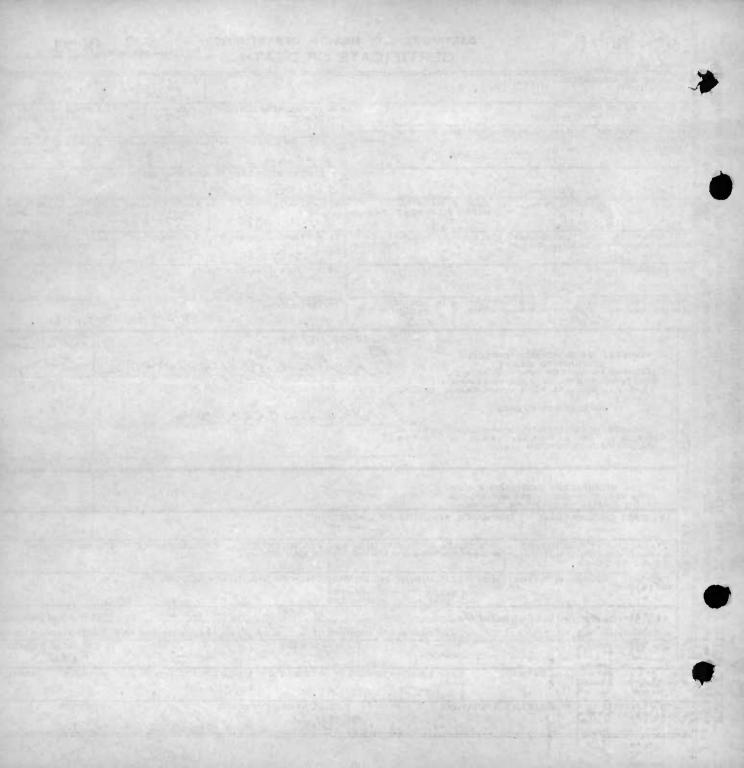


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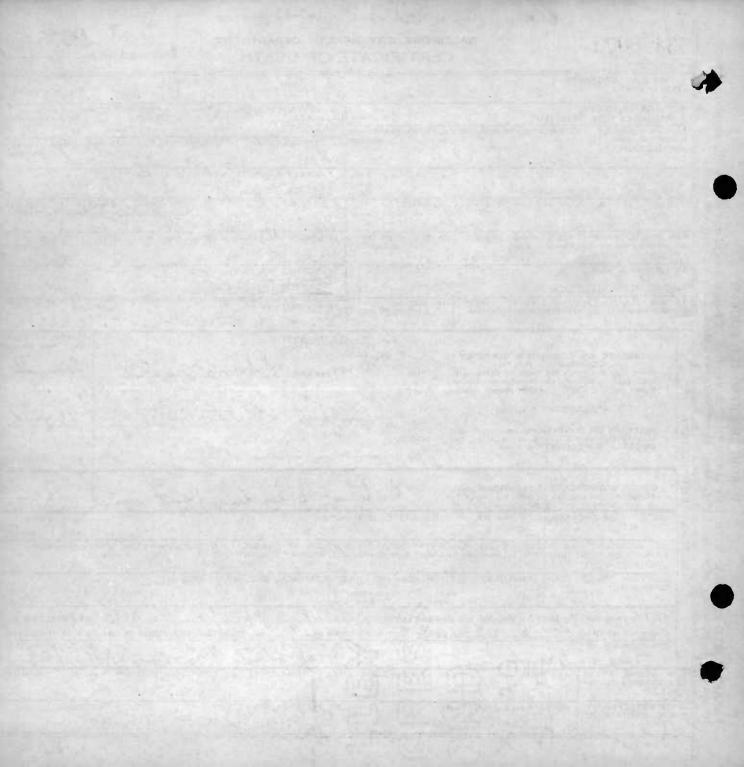
BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

Registered No.0074

	В	RTH NO.	CERTIFICATE	E OF DEATH				
K		NAME OF DECEASED HARV.	EY K. FLECK	2. DATE OF Jan • DEATH	3, 1953			
	Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
	H	FULL NAME OF (If not in hospit openits of STITUTION 2940 Wym	al or institution, give street address or location)	Md. c. CITY OR TOWN (If outside corporate Marits, w) Ealtimore	rite RURAL and give (ownship)			
0	c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give logation) 2940 Wyman Pkwy.				
		sex 6. COLOR OR RACE	7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) married		Days Hours Min.			
	work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) hysician	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. Pennsylvania	CITIZEN OF WHAT COUNTRY?			
	13	Father's NAME Fleck		14. MOTHER'S MAIDEN NAME				
	(Ye	. WAS DECEASED EVER IN U.S. ARMEI (If yee, give war or date World War I	D FORCES? 16. SOCIAL SECURITY NO. NONE	Mrs. Isabella Fleck - 2940 Wym				
*	ERTIFICATION	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which complication with the complex	bre Hewarrhoge	INTERVAL BETWEEN ONSET AND DEATH 2 days				
	CERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED					
	AL	19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER.	ATION	YES NO K			
	MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., et		exact location)			
		21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK					
		23A. SIGNATURE	3, 1953, and that death occur	red at 720 m., from the causes and on the d	hat I last saw the late stated above.			
1	TI	ia. Burial, CREMA- 24B. DATE DN. REMOVAL (Specify) Purial 1/6/53	24c. NAME OF CEMETER Druid Ridge	RY OR CREMATORY 24D. LOCATION (City, town, or e				
	D		S SIGNATURE		DRESS MAN			
		Vs 150	0	Salto 17	, md.			



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF EMMA M. BEEBE Jan. L. DEATH efully supplie 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If cutside corporate limits, write RIJRAL and give township) Mercy Hosp. Baltimore legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 916 St. Paul should be early and l 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | | Under | Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours! Min. female white 67 widowed clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information of death cle Housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caroline Anna Stenger Joseph H. Struck BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. causes Mr. Warren B. Beebe - 916 St. Paul St. 18. 4 20.0 Every item write the cau INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASÉS OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p ERTI 11 arterio Scherotie Heat Du OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS WITH ALY, WITH important. YES 218. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from har. 21 _, 19 42 to. , 19 5 that I last saw the VRITE is espe deceased alive on Nov. 5 19 5 2 and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 230 DATE SIGNED T108. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem. Burial Woodlawn, Md. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

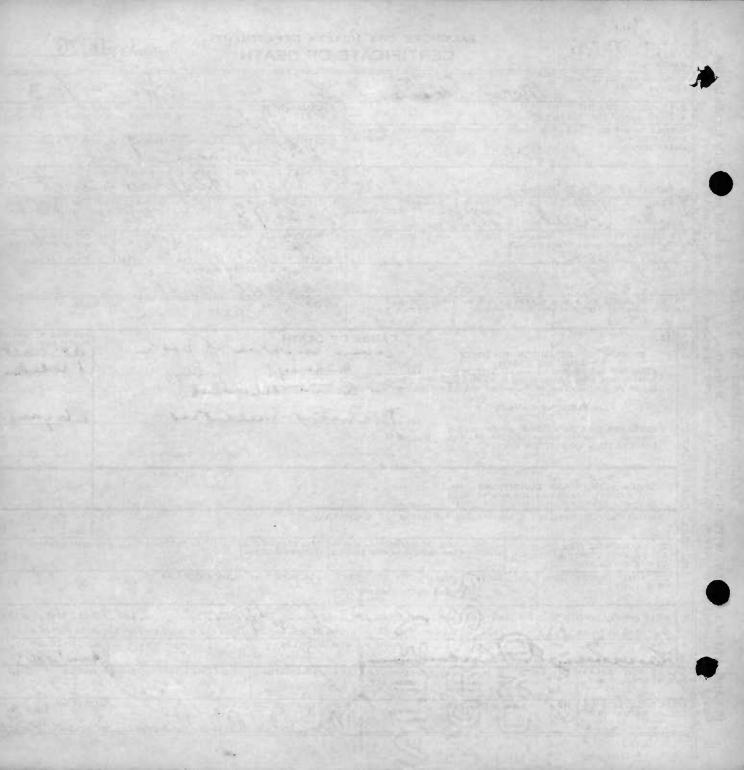


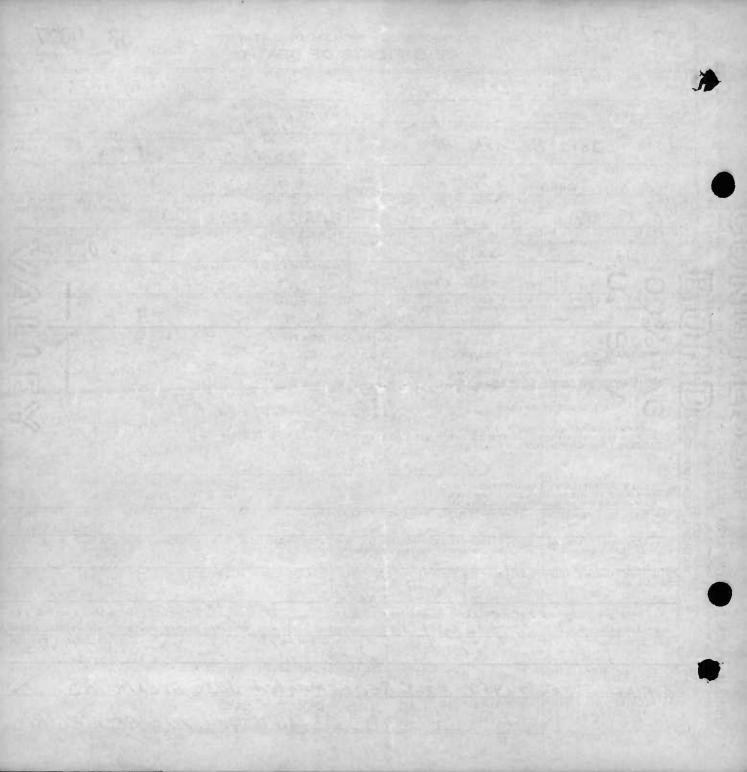
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.0076

الم	BI	IRTH NO.		
ed.		NAME OF DECEASED Mary Tolks M	isl 2. DATE OF DEAT AN -/-	-1953
supplied	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL/RESIDENCE (Where deceated lived, If ins	titution: residence before admission)
efully solly.	H	OSPITAL OR STITUTION JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN 1 (He outside corporate) mits, w	ROBAL and give township)
glbly	4	Yrs. Mos.	D. STREET ADDRESS (If paryl, give logation)	2
d le		Length of stay in Baltimore Days SEX POCOLOR OR BACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Unit	er Year If Under 24 Hours
should arrly an	0	male Colored Transley (Specify)	3-2-98 9. AGE (In years of last birthday) Month	
0//		OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTRY	11. BIRTHBLACE (State or foreign country) 12	WHAT COUNTRY?
information s of death cl	13	CATHER'S NAME	14. MOTHER SMAIDE NAME	
for f d	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADD	RESS
of in	(Ye	(If yes, give war or dates of service) SECURITY NO.	JOHN'S HOPKINS HOSPITAL	RESS
y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	of DEATH of both	INTERVAL BETWEEN ONSET AND DEATH
r INK.	ICATION	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	De melitus	269201
UNFADING Physicians:	ERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		-
H	AL C	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
LY, WITH	EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., in about home, farm, factory, street, office hidg., in about home, farm, factory, street, office hidg., in about home, farm, factory, street, office hidgs.		
Inp	N	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE		
PI		22. I hereby certify that, I attended the deceased from	-3/ 1952 to /-/ 1953	hat I last saw the
rE		deceased alive on 1 1953, and that death occur	red at 10 m., from the causes and on the	
WRIT]		Lawrence 2. flurturan 2	JOHNS HOPKINS HOSPITAL	3c. DATE SIGNED
ASE set 4	C)	4A. BURIAL, CREMA- ON, REMOVAL (Specify) 6 24c. NAME OF CENTE	RY OF FREMATORY 24D. LOCATION (City own or	county) (State)
PLEA		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	PORES ZAAM





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e	53	007	8		ВА				F DEAT		Regis	tered No.	0078
d.	1.	NAME OF D	ECEAS	ED /	-	in	0	La	1.1		2. DATE OF DEATH	7	2 1953
upplie	Α.	PLACE OF E	City, M		ury	Ha	128	A. ST		ENCE ()			titution : residence béfore admission)
fully supplied.	H	FULL NAME OSPITAL OR ISTITUTION		If not in hospit			location		TY OR TOYN) (If	outside corpor	ale linnis,	write RURAL and give township)
fu	-	Y enoth of s	tou in	Daltimona	00.77		Yrs. Mos.		REET ADDR	ESS (If	rural, give loce	ation)	10
d be	-	Length of s		OR OR RACE	7. SINGL	E. MARRIE	Days ED. RCED (Specif)	8. DA	TE OF BIRT		9. AGE (In ;	years If Unday) Mont	der I Year II Ynder 24 Hours hs: Days Hours Min.
shoule arly	10	A. USUAL OC	CO	ION (Give kind of life, even if retired)		ep.		11. B	ch 12,		52 reign country)	12	2. CITIZEN OF
tion s h cles		Labore FATHER'S	r	nie, even ii retired)	In G	enera	1 INDUSTR		New Yo				U.S.A.
NDING information should be s of death clearly and		WAS DESCRI	Unko	wn						own			
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中 中		(This does	LEADI not me ire, asthe	NG TO DEAT an the mode o nia, etc. It mea	ΓΗ f dying, e. ns the disea	g., (A)	Esophi	290-	leure.	-culo	nems	istula	3 weeks
02 P		injury or	4	ation which c		h.) DUE	то			0			
RESEI INK.	TION	DISEASE RISE TO T	S OR CO	ONDITIONS, IF	F ANY, GIVE	(B) NG HE DUE	TO LOVE	ens	ma g	Lu	ng	••••••	
SIN ING	FICA	UNDERL	ING C	ONDITION LA	ST.	(C)	*************		***************			· · · · · · · · · · · · · · · · · · ·
MARGIN I UNFADING Physicians: p	ERTIF			II CANT CONDI E DEATH, BUT									
	L CE		ISEASE	OR CONDITION	CAUSING	1T	GS OF OPE	RATION	4.		+		20. AUTOPSY1
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LY, impo	ME	CAUSE OF	DEATH	(Day) (Year)			RY OCCUR		1F. HOW DIE		OCCUR?	No.	
Alla		OF INJURY			m.	WHILE AT WORK	NOT WHIL						
RITE PI is especi		22. I hereb	y certi live on	fy that I att	ended the	deceased	from 1/2	rred at	- , 195 2:55 m	from th	- 2 - re causes an	, 19 53 ;	that I last saw the date stated above
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T ST	24 TIC	N. REMOVAL	pecify)	248. DATE 1/5/19	53				CREMATORY		OCATION (Cit		
PLEAS! correct	D	urial ATE RECEIVE DCAL REGIST		REGISTRAR'	SSIGNATI	7.7	TAGE!		UNERAL DIF		Brookly		poress we
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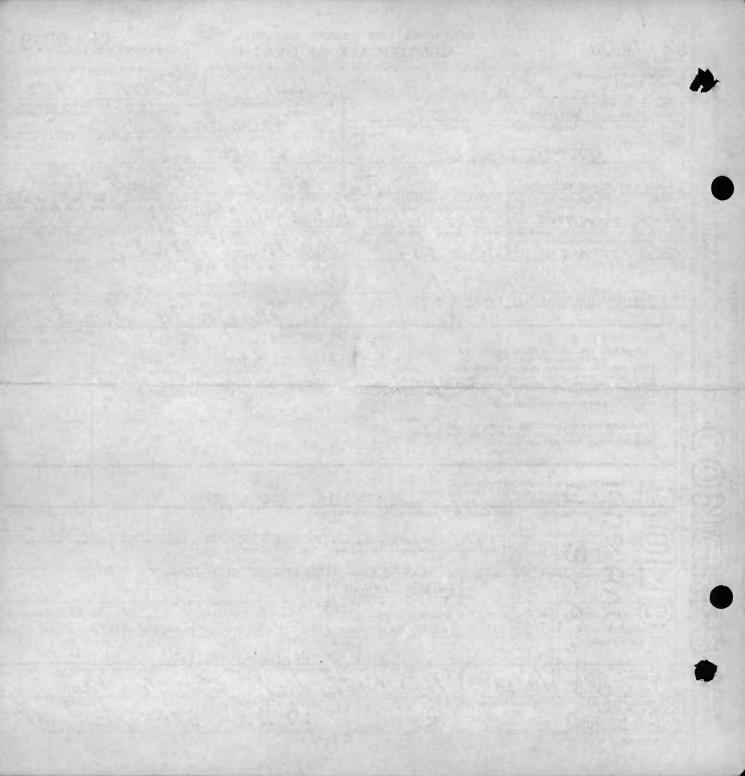
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20. AUTOPSY



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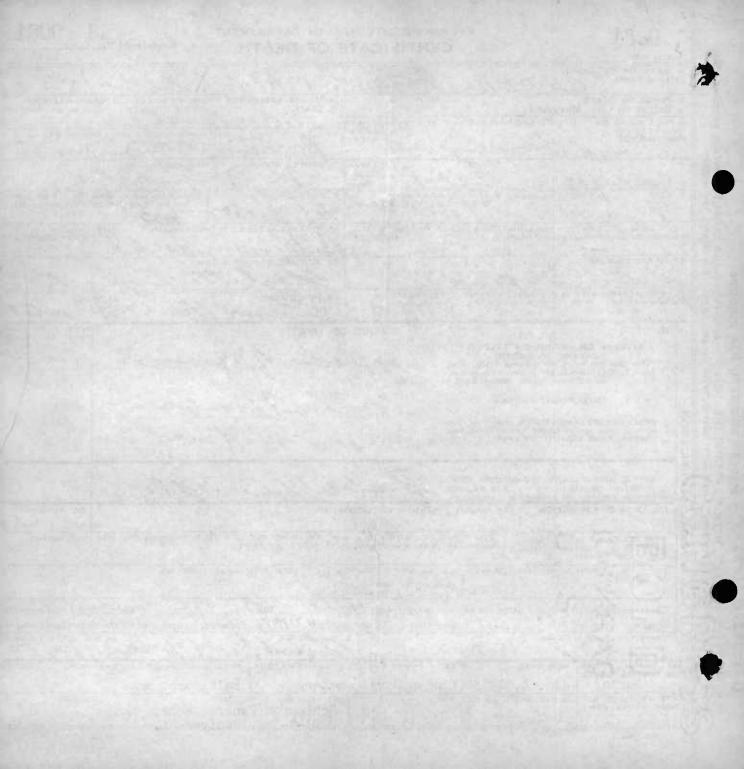
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	260 53 0080
	1. NAME OF DEC (Type or Print)
	a. Baltimore City
	B. FULL NAME OF HOSPITAL OR INSTITUTION
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	c. Length of stay 5. SEX 6.
-	female
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	13. FATHER'S NAM
-1	200

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 0980

1. NAME OF DECEASED	2. DATE	
(Type or Print) CATHERINE J. TUCKER		953
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residue) A. STATE B. COUNTY	dence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	16 7 7	imission
HOSPITAL OR location)		and give
3489 Fairsun Court, Fairfield	Baltimore	ownship
Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Mos. Days	3489 Fairsun Court, Fairfield	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) Il Under I Year If Und	der 24 Hours
female white Married (Specify)	Dec. 27, 1891 last birthday) Months Days Hou	rs Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN (OF
work done during most of working life, even if retired) Housewife Own Home INDUSTRY	Washington County, Tennessee WHAT CO	UNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward Murray	Rebecca White	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Hazel Ervin, 3489 Fairsun Court	
7 0-01	OF DEATH INTERVAL E	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	reveny of Chroion	
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	to the said of the dia	
Z (8)	ertureir 1.V. discon	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		
L OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION 20, AUTO	OPSY?
	YES	NO T
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., i. about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact locati	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., LYING OR CONTRIBUTING	otc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT WHILE		
m. WORK AT WORK		
22. I hereby certify that I attended the deceased from	Jan 2, 195, to Jan 5, 195, that I last s	saw the
	red at 1.05 am., from the causes and on the date stated	
23A. SIGNATURE PLY TO THE PROPERTY OF THE PROP	238. ADDRESS 23C. DATE S	
244 BUDIAL CREMA 240 DATE	302 Vatapell WE 15/50 ERY OR CREMATORY 24D. LOCATION (City, town, or county)	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		(State)
removal 1/5/53 Johnson City		66
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	
JAN 5 1953 Tuntington Willauga, Mys	20m Coufe Sec 1217 St. Paul Str	eet

MARGIN



before admission)

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

U.S.A.

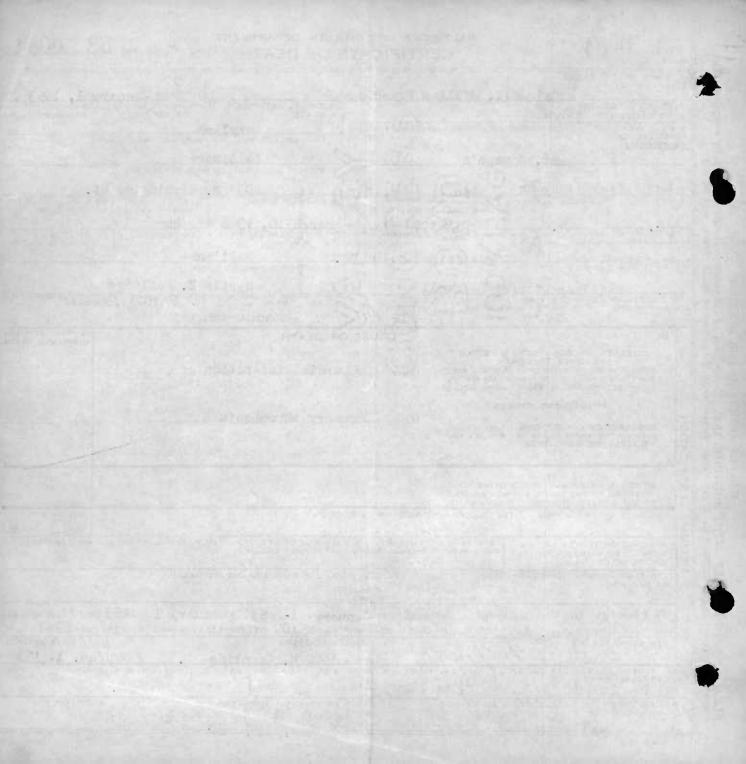
township)

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(State)

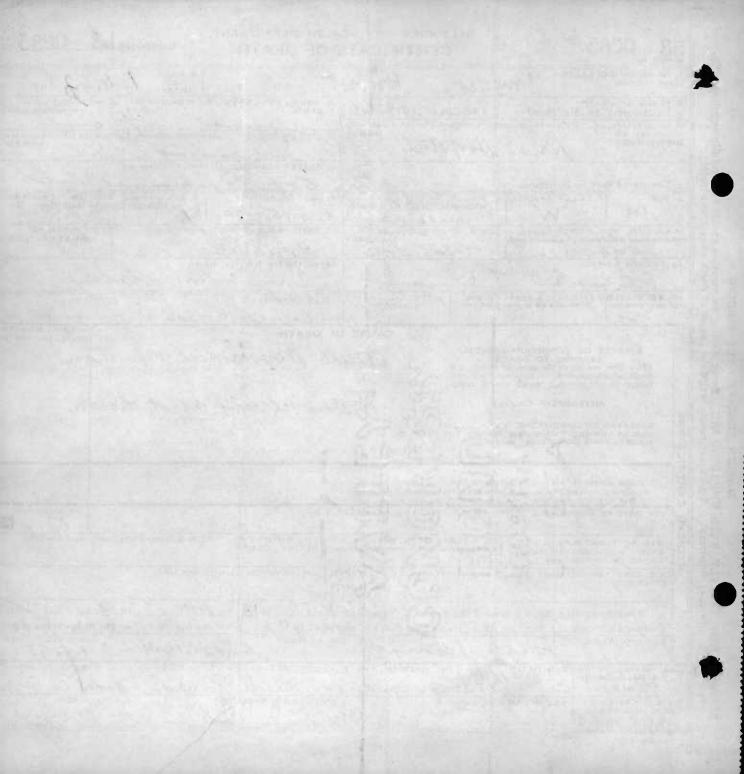
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and the same of th	5.0	3 0	84		EALTH DEPARTMENT	r.	3 0001	
The	BIF	RTH NO.	IC) fix	CERTIFICATI	E OF DEATH	Registered No	3 0084	
H		NAME OF D	ECEASED			2. DATE		
- Gar			Caldwe	1. William Francis		OF DEATH Januar	v 1. 1953	
ilqc		PLACE OF E	City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	before admission)	
sul	B. f	FULL NAME		al or institution, give street address or location)	The state of the s	nd		
fully supplie		MOKOKOKOK				outside corporate librits,	write RURAL and give township)	
fu oly.	L.		St. Jos	seph's Yrs.	D. STREET ADDRESS (If		00	
legibly.	C	Length of	stay in Baltimore	Mos.		-	+	
절	-	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	Washington 9. AGE (In years	nder 1 Year If Under 24 Hours	
ar ar	N	**	187	WIDOWED, DIVORCED (Specify) Divorced	March 10, 1908	last birthday) Mon	ths Days Hours Min.	
should early ar	10/	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	TOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF	
cles	S	in leame	n	Television Co. of Mo	Baltin	nore	WHAT COUNTRY?	
atic	13.	FATHER'S	NAME	SNIAN a SeR. IRI	14. MOTHER'S MAIDEN NA			
information shouls of death clearly			William Quarre	el Coldwell	Myrtle	E. Rutledge		
ofo	15. (Yes,	, no or unknown)	ED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT 2238		DREGGE	
of i	y	es	WW2	214-01-56761	Irs. Blanche Be	atty		
m		18. 421	0.1	CAUSE	OF DEATH		INTERVAL BETWEEN	
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ery te t		heart fail	1					
Ever		injury or	complication which c	aused death.) DUE TO				
			ANTECEDENT CAUS					
INK. please	TION	DISEASE	S OR CONDITIONS, IF	ANY, GIVING	onary thrombosis	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	
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ADING icians:	FIC			(C)				
UNFADING Physicians:	RTIFIC	OTHER S	II SIGNIFICANT CONDI	TIONS CON-				
JNJ	EI.	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATED				
H-1			The second second	98, MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?	
WITH rtant.	NO.						YES NO X	
6	EDICAL	LYING O	R CONTRIBUTING	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., e		f in Baltimore City, gi	ve exact location)	
LY,	M.	CAUSE OF	DEATH (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUP?		
毛肉		OF INJURY	(Month) (Day) (lear)	WHILE AT NOT WHILE		OCCURI		
iai	-			m. WORK AT WORK				
TE I especi		22. I herel	by certify that I att	ended the deceased from Jan	uary 1, 153, to Ja	nuary 1, 1953	that I last saw the	
ITI s es	-	23A. SIGNA		. 1953, and that death occur	rrea at 5:00 pm, from th	ie causes and on the	23c. DATE SIGNED	
WRITE e is esp			8. (1.	Offay h. M.D.	1100 N. Caroline	St.	Jan. 1. 153	
	24	A. BURIAL.	CREMA 248. DATE		RY OR CREMATORY 24D. LO	OCATION (City, town, o	r county) (State)	
PLEAST		buri		Parkwood Cer	metery Balt	imore, Md.		
OLL	LO	TE RECEIVE	TRAR REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	SONS INC	ADDRESS	
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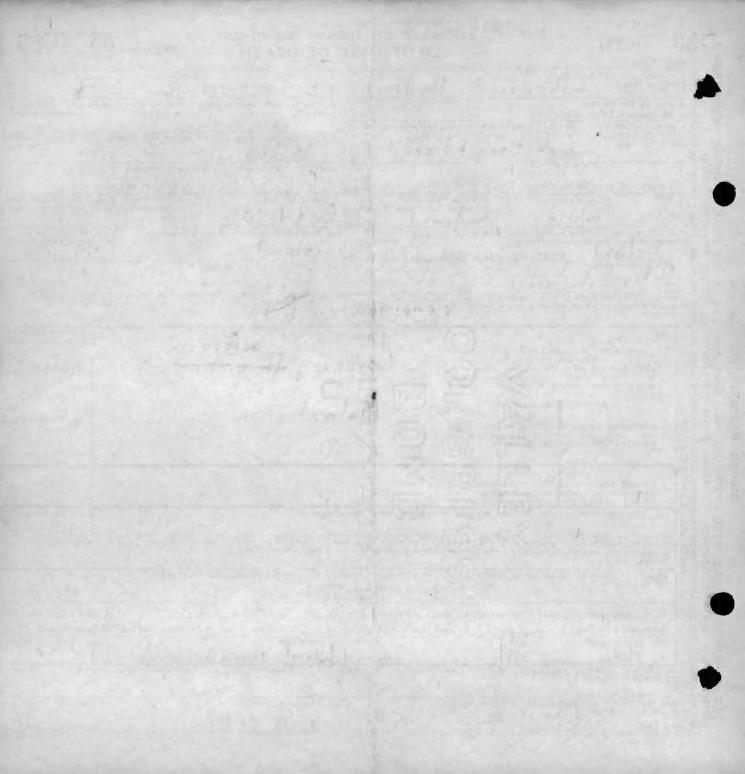


5-	-	BALTIMORE CITY HE	EALTH DEPARTMENT	ED 00	105			
Che	В	CERTIFICAT	E OF DEATH	Registered No.	<u> </u>			
Pa	1. (T	NAME OF DECEASED Snyder Herbe	rt	2. DATE OF 1. 4.52				
supplied	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	cre deceased lived. If institution: re	sidence admission)			
lly.	H	OSPITAL OR STITUTION Line: Hotital location)		atside corporate limits, write RURA	L and give township)			
refu legibly.	c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If ru	ral, give location)				
uld b	5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years Months Year Months Days He	Under 24 Hours ours Min.			
on should clearly a		DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) FOREMAN HOSIERY	11. BIRTHPLACE (State or force		OF OUNTRY			
information s of death cle	13	Charles of Smuder	14. MOTHER'S MAIDEN NAM	Weldy				
infor s of d	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT	ADDRESS DER 1564 PERKION				
m of			OF DEATH	INTERVAL	BETWEEN ND DEATH			
Every item of i		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
Ever		injury or complication which caused death.) DUE TO						
INK. please	NO	DISEASES OR CONDITIONS, IF ANY, GIVING	Cronlerolie A	least disease	***************			
ING]	CAT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)						
UNFADING Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
Per l	AL O	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AU	TOPSY?			
LY, WITH important.	EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,		in Baltimore City, give exact loca	ation)			
Programme Commercial C	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK		OCCUR?				
TE PLAIN especially		22. I hereby certify that I attended the deceased from deceased alive on 4. , 1953, and that death occur	4.52 , 1953, to 1.	4. , 19 53 that I las				
VRITE is esp				Hopstal 23c. DATE	SIGNED			
AS. ct ce	2. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify) PEMOVAL JAN. 5/1953 GETHSEM.	7 7	CATION (City, town, or county) ADING -BERKS Co.	(State)			
PLEAS	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE. OCAL REGISTRAR LAN 5 1953 Tuntington Walleting M.	25. FUNERAL DIRECTOR	ADDRESS 1217 of A	2 St			
		VS 150	3 48					

MARGIN RESERVED FOR BINDING



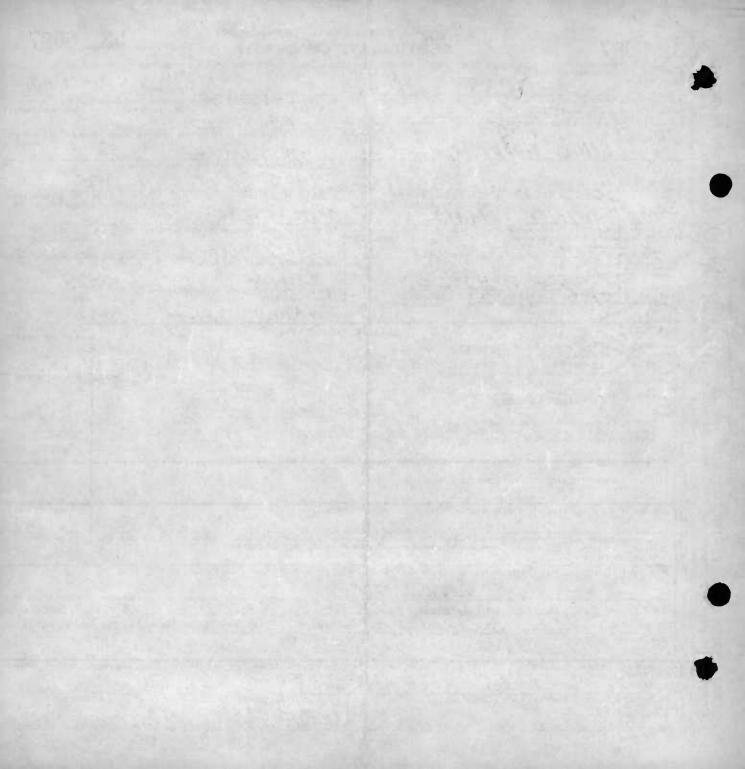
1=	1	(MARTIN LABEDZIESKI) BALTIMORE CITY HEALTH DEPARTMENT 52	
The) d	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	0086
F	1.	NAME OF DECEASED LABE DECENTION (LABEDZIESKI) DEATH 1-2-57	
pplie		B. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution in the second s	tion : residence before admission
arefully suppli	H	S. FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR NSTITUTION OC. CITYOR TOWN (If outside corporate limits, write control of the company)	RURAL and giv township
0 1	c.	Yrs. D. STREET ADDRESS (If rural, give location Mos. Days Length of stay in Baltimore 30 Hear)	
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ion sho	work	CELIFED WATEHMAN arundad Jand any Voland	HAT COUNTRY
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0 20	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6a, no or unknown) (If yea, give war or dates of service) 218-10-5680 17 INFORMANT ADDRES	ss
FOR ry item			A CON 4
RESEI INK. please	ICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	ysar's
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
Ht .	AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO
ILY, WITH	MEDIC	CAUSE OF DEATH	act location)
INLY,	_	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK	
WRITE I		deceased alive on -2, 1,1953, and that death occurred atm., from the causes and on the day	
WRI se is	24	M.O. Whench Home & Hampfal 11-	nty) (State)
PLEA	6	Burial Jan 7/513 At Stanisland Cem Balta. City	RESS 407
	-	Vs 150 763 2 4	M 27 872



BIRTH NO.	
RTH NO.	CERTIFICATE OF DEATH
100	BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 0087

-								
	NAME OF D	ECEASED 0	LIVIA	SPAHN		2. DAT OF DEA	E /	3-1953
	PLACE OF DE Baltimore	EATH: City, Maryland			4. USUAL RESIDE	NCE (Where dece	ased lived. If i	institution : residence before admission)
	FULL NAME	OF (If not in hospi	tal or instituti	on, give street address or	MARY	LAND	. and the last	
	SPITAL OR	C		location)	C. CITY OR TOWN	(If outside co	rporate limit	write RURAL and give
11		SINAL HOL	SDITA	1-	RAITI	MORE	101	township)
-				Yrs.	D. STREET ADDRES		location)	
		tay in Baltimore		OYRS - Mos. Days	4003 (,	IVE
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE	(in years M	Under 1 Year If Under 24 Hours nths: Days Hours: Min.
1-	ENIALE	WHITE	MAR	IED TO COLUMN	APRIL, 15,18	92 60		ntins Days Hours Mill.
10	A. USUAL OC	CUPATION (Give kindo		OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign cou		12. CITIZEN OF
work		of working life, even if retired		INDUSTRY				WHAT COUNTRY?
-	HOUSE		1401	VIE	BALTIM	ORE		U.S.A
13	FATHER'S				14. MOTHER'S MAI	DEN NAME		
-	,	ANDAEW H	= HOL		MARY	E. 80	HNE	DER
(Yes	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		AL	DDRESS
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	18 0//	3-/		CAUSE		7 / / / / / / / / / / / / / / / / / / /	73	INTERVAL BETWEEN
	18. 260			CAUSE	OF DEATH			ONSET AND DEATH
	DISEAS	E OR CONDITION LEADING TO DEA		G to	M list	21 +		
	(This does	not mean the mode	of dying, e. g	, (A) little	Myo cendral	Menery	V	
	injury or	re, asthenia, etc. It mes complication which	ans the disease caused death.	DUE TO		V		A STELL SOUND
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Z O	DISEASES	OR CONDITIONS,	AUSES (B) Artenordente cardinacular disease					
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4	UNDERLY	ING CONDITION L	AST.	10 Deah	rtes Mellites	0		
단								******
RTIF		11						
ER		IGNIFICANT COND						
15		SEASE OR CONDITION						
	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
4								YES NO
ū	21A. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e.g., i	n or 21c. WHERE DI	D (If in Balt	more City, g	ive exact location)
EDI	LYING OF	R CONTRIBUTING	about home, f	arm, factory, street, office bldg.,	tc.) INJURY OCCUP	27		
Σ	CAUSE OF							
	OF INJURY	Month) (Day) (Year) (Hour)	LIE. INJURY OCCURR		INJURY OCCUR	?	
			m. V	WORK NOT WHILE				
						42 4 7 2 4 42		
22. I hereby certify that I attended the deceased from 1-2-, 1923, to 1-3, 1953, that I last so deceased alive on 1-3-, 1953, and that death occurred at 7.25 Pm., from the causes and on the date stated of					, that I last saw the			
			_, 1952			from the eause	s and on th	
	23A. SIGNAT	TURE	8. Bull	2	38. ADDRESS	700 - RO	timai	23c. DATE SIGNED
	Benard Bulliu M.O. Smei Hospital - Battimore 1-3-53							
124 TIC	A. BURIAL, CON, REMOVAL (S	REMA- 24B. DATE	2	4c. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION	(City, town,	or county) (State)
$1 - 2 = 6 \cdot 7 - 1/14 \cdot 1/14 $								
D	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS							
LC	LOCAL REGISTRAR							
	TAME	105977 75	Total Par William	1 8 1 E 3 Bur . E 3 Am	AR.UVHOH L	130/N 400	111. 1 111	CIAD DING



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied DEATH 4. USUAL RESIDENCE (Where deceased lived, If institut 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY efore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR JOHNS HOPKINS HOSPITAL location) (If outside comparate limits, write RURAL and give efully C. CITY OR TOWN INSTITUTION should be efu Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years) If Under I Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 2-23 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle retired Self 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Steel Mich 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, nn nr unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL causes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY important. CA VES.

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

CAUSE OF DEATH

OF IN HIPV

about bome, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour)

218. PLACE OF INJURY (e. g., in nr

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

	m. WHILE AT NOT W
22. I hereby certify that I at	tended the deceased from_
deceased alive on 1-2	1953 and that death o

untingloss the

1-2, 193, that I last saw the 1952 to_ curred at. _m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL

24c. NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA-TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. FUNERAL DIRECTOR

VS 150

ADDRESS

(If in Baltimore City, give exact location)

24D. LOCATION (City, town, or county)

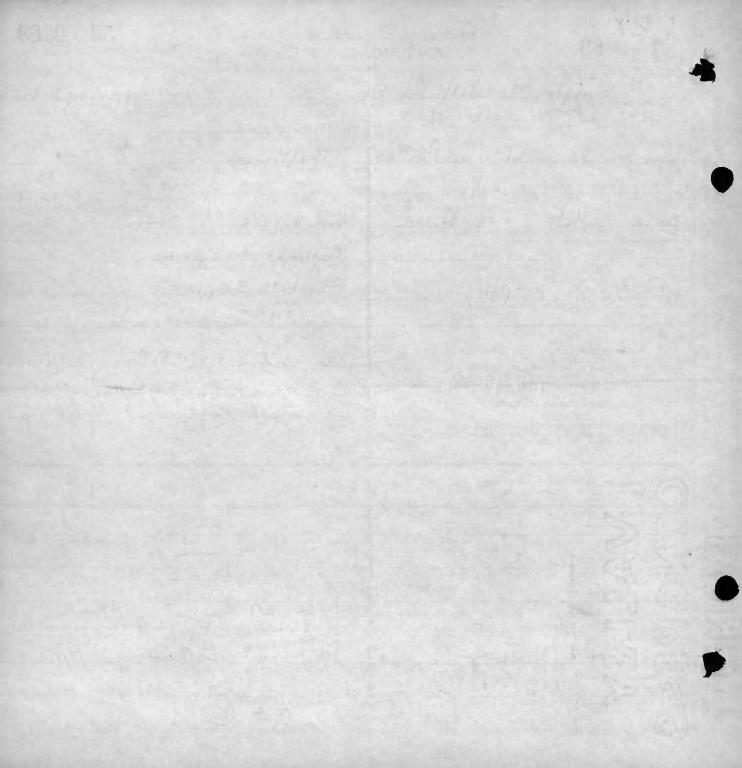
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53 0089 egistered No.

TE OF DEATH	Registered No.
d. USUAL RESIDENCE (A. STATE C. CITY OR TOWN (I	2. DATE OF DEATH Where deceased lAnd. If institution: residence B. COUNTY before admission) f outside corporate limits, write RUR L and give township) rural, give location) 9. AGE (in years last birthday) Months: Days Hours Min. foreign country) 12. CITIZEN OF WHAT COUNTRY?
Elizabeth Sni 17. INFORMANT Challes State OF DEATH cute Cordin Vince Brouchit Superingued In	ADDRESS 1-He me day Incurable records INTERVAL BETWEEN ONSET AND OBATH 2 Hours
·~	
ERATION	20. AUTOPSY?
, in or 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, give exact location)
RRED 21F, HOW DID INJUR	Y OCCUR? 3, 195,3that I last saw the
urred at 8: 120 m., from	the causes and on the date stated above.
214 Medical Got TERY OR CREMATORY 240. 1	Lo Ruelburg 1/3/53 OCATION (City, to In, or county) (State)
WN B,	ALTIMORE MD
1. 25. FUNERAL DIRECTOR	ADDRESS



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or KENWAD HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION SO. BALTO. GEN. ATS. D. STREET ADDRESS (If rural, give location) Mos. S. KENWERDD c. Length of stay in Baltimore 6. COLOR OR RACE 9. AGE (In years | 16 Under | Year | 16 Under 24 Hours | last birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) MARRIES APR. 29, 1900 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY UNEMPLOYED. AKTIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GRYBAUSK JULIUS SIAXAD CACKMAREK 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(You, no or onknown) (If you, give war or dates of survice) 16. SOCIAL SECURITY NO. 18. 150X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY COLLOW CA OF ESOPHAGIN LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO ABDOMINAL CAROINOMATOSII injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 11 TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION ABDOM. CAKCING MAJOJIJ YES MIDAH 4023 PA AD CHALLER 218. PLACE OF INJURY (e.g., In or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE WORK 22. I hereby certify that I attended the deceased from OCT. 8 23A. SIGNATURE

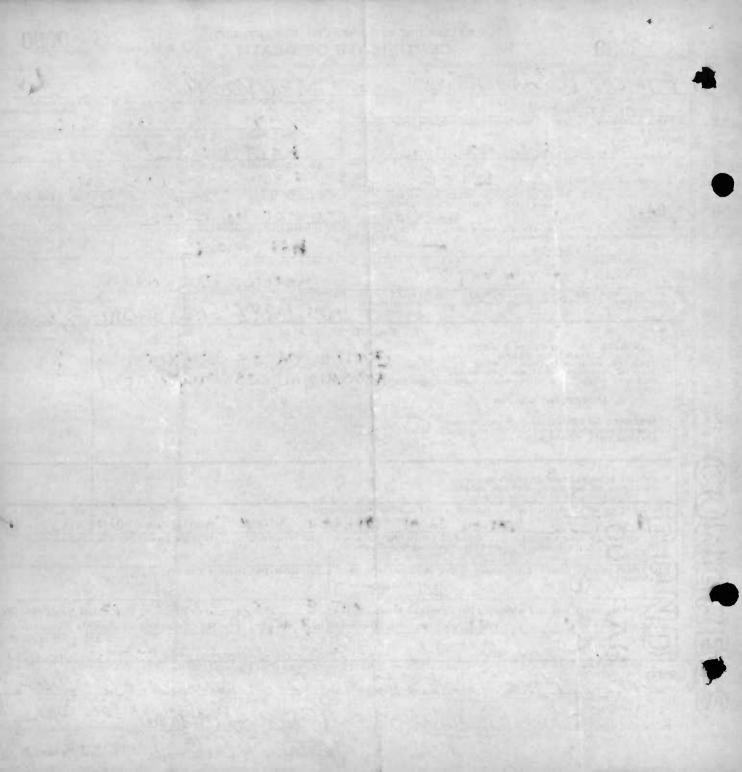
1952 to JAN 3, 195 that I last saw the deceased alive on AN. 3, 1953, and that death occurred at 2 1 Pm., from the causes and on the date stated above. 23c. DATE SIGNED

DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

VS 150

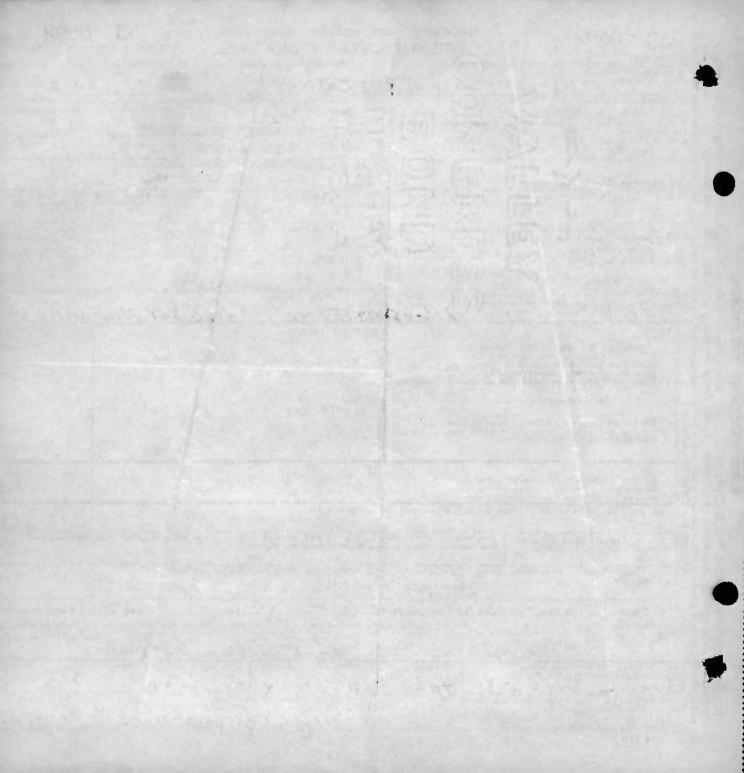
12. CITIZEN OF

WHAT COUNTRY?

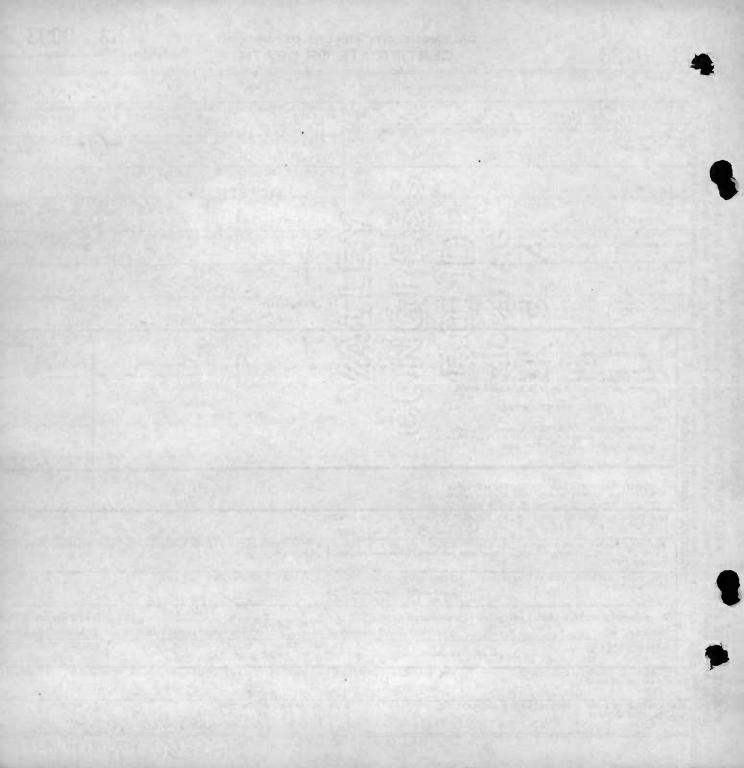


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) MEROWSK DEATH (Where deceased lived, If institution: residence supplied USUAL RESIDENCE 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write BURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) carefully mor Yrs. D. STREET ADDRESS (If rural, give location) legibly Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years | # Under 1 Year | # Under 24 Hours last birthday) | Months: Days | Hours | Min. 6. COLOR OR RACE pe and married should 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of clearly work dong flyring most of working life, svepif retired) WHAT COUNTR Leno-Grafsher information s of death cle 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME BINDING 15 WAS DECEASED EVER IN U. S. RMED FORCES? Yes, no or unknown) (If yes, give way or dates of service) 26 16. SOCIAL ADDRESS SECURITY NO. (Yes, no or unknown) em of in INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO INFILTRATION ANTECEDENT CAUSES LIVER INK. ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ADING (C) . Physicians: MARGIN RTIF Alcoholism OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED UNE TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES important. 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, fectory, street, office bidg., etc.) UNDERLYING [OR CONTRIB-UTING | CAUSE OF DEATH. LAINLY. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE especially WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above RITE is esp and death in my opinion resulted from: natural causes I, accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE PLEAS correct SUNES ADDRESS DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151

In the horasondi



M	53	0000	EALTH DEPARTMENT E OF DEATH	53 Registered No.	0093
ed. T	1. (T	NAME OF DECEASED ype or Print) CAROLINE MEREDITH MCNEI	LL	2. DATE OF DEATH Jan	. 4, 1953
ally supplied.	B. He	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION 3811 Fenchurch Rd.	4. USUAL RESIDENCE (W. A. STATE Md. C. CITY OR TOWN (If a Balto.		before admission)
hould be carry and legibly	5.	Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) married A. USUAL OCCUPATION (Givekindo) 108. KIND OF BUSINESS OR	3811 Fenchurch F 8. DATE OF BIRTH July 21, 1871 11. BIRTHPLACE (State or for	9. AGE (In years last birthday) 81	CITIZEN OF
BINDING of information should be	13	cdone during most of working life, even if retired) at home NOUSEWIFE at home Thousewife at home Alsop WAS DECEASED EVER IN U. S. ARMED FORCES? SECURITY NO. NO NO INDUSTRY	Virginia 14. MOTHER'S MAIDEN NA Virginia L. Yerb 17. INFORMANT Mr. David Reese	ADDF	
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	of DEATH	Plan.	INTERVAL BETWEEN ONSET AND DEATH
PLEASE TTE PLAINEY, WITH UNcorrect age to especially important. Ph	MEDICAL C	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. MAJOR FINDINGS OF OPERATION ACCOUNTS About home, farm, feetery, street, office bldg., CAUSING MAJOR 19B. MA	ED 21f. HOW DID INJURY To	pe causes and on the decention (City, town, or control of the cont	hat I last saw the late stated above. 3C. DATE SIGNED (State)
		VS 150	2	reto. 17.	md



320 3 0094 BIRTH NO.	BALTIMORE CITY HE		Registered N	3 0094
1. NAME OF DECEASED (Type or Print) MAF	RGARET ELIZABETH RIT	CHIE	2. DATE OF Jan.	4, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		nstitution : residence before admission)
HOSPITAL OR INSTITUTION 1711 E. 28th		Baltimore	7	write RUDAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 1711 E. 28th St.	cural, give location)	
	V. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH	9. AGE (In years last birthday) Mor	Under Year If Under 24 Hours this Days Hours Min.
	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
Supervisor M 13. FATHER'S NAME	erchandise Mailing	Broom Island, Md		
Andrew Ritchie		Stella A. Morgan		
(Yes, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Andrew Rite		DRESS 28th St.
LEADING TO DEATH (This does not mean the mode of the continuous description of the continuous descriptions) and the continuous descriptions are continuous descriptions. If a continuous description of the continuous description descrip	the disease, sed death.) DUE TO NY, GIVING TATING THE DUE TO	uonia - Lefs	orang.	
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OF CONDITION C	T RELATED		mus frefs	20. AUTOPSY?
211. CCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	2B. PLACE OF INJURY (o. g., in about home, farm, factory, street, office bidg., e	a or 21c. WHERE DID (II	f in Baltimore City, gi	ve exact location)
CAUSE OF DEATH 2 1D. TIME (Month) (Day) (Year) (FOF INJURY) 22. I hereby certify, that I attention	m. WHILE AT NOT WHILE		111	hat I last saw the
deceased alive on / 4,	1953, and that death occur	red at 913 (m., from th		e date stated above.
23a. SIGNATURE Sele 24a. BURIAK, CREMA-1 24B. DATE	und M. D. 2	38. ADDRESS. CLAM	OCATION (City, town,	23c DATE SIGNED 1/5/55 or county) (State)
TION, REMOVAL (Specify) 1/7/53	Broom Island		ert Co., Md.	(State)
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR		25. FUNERAL DIRECTOR	ener Is	ADDRESS
Vs 150 100	26	060	(Saeto. 17,	Mrd.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) HERMAN SOFUS ERIKSEN Jan. 4, 1953 ully supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US PUBLIC Health Service location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give Hospital & 31st Street Wyman Pk. Drive & Bechtelsville D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Undar 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours! Min. 7/8/81 Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle Seafarer Seaman Norway USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herman Eriksen Sofia Larsen 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or uokoowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE Nov. 21 . 1953, that I last saw the 1952 to Jan. 22. I hereby certify that I attended the deceased from. Jan. 4, 19 53, and that death occurred at 10:30 Pm., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED PHS Hospital, Balto, Md. US 24A. BURIND CREMA 24c, NAME of CEMETERY OR CREMATORY (euroral for DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE VS 150

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	A.Y., WITH UNFADING INK. Every item of information should b	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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0096 BALTIMORE CITY HEALTH DEPARTMENT

53 0096

B	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No)
1 ==	NAME OF DECEASED			2. DATE	
	Pune on Dwint)	awrence Thomas		OF Ton	. 3, 1953
	PLACE OF DEATH: Baltimore City, Maryland	2W1 01100 1110mas	A. STATE	(Where deceased lived, If in	
	FULL NAME OF (If not in hospital or		Md.		
11	ospital or NSTITUTION 1827 Covington	St. location)	c. CITY OR TOWN Baltimore	(If outside corporate limits,	write RURAL and give township)
-	Length of stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS ((If rural, give location) .ngton St.	1
5	M 6.COLOR OR RACE 7.5	SINGLE. MARRIED. VIDOWED, DIVORCED (Specify) Single	Sept. 19.18	last birthday) Mont	nder I Year II Under 24 Hours the Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		2. CITIZEN OF
	None	INDUSTRY	Baltimore,	Md.	WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN		
	Lawrence Thomas		Unkno	ומווי	
15	. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL	17. INFORMANT		
(Ye	(If yes, give war or dates of set	security No.	Mrs. Leila T	homas 1827 C	ovington St
	18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE LEADING TO DEATH	CTLY			medicates
	(This does not mean the mode of dyi heart failure, asthenia, etc. It means the	ng, e.g.,	moun o-cer	lession	1,21,00
	Injury or complication which caused	death.) DUE TO	0		
	ANTECEDENT CAUSES				
Z		(B)		0.0000000000000000000000000000000000000	
12	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT	Y, GIVING TING THE DUE TO			
\	UNDERLYING CONDITION LAST.	(C)			
문					****
ERTIFICATION	OTHER SIGNIFICANT CONDITION	le con			
H	TRIBUTING TO THE DEATH, BUT NOT	RELATED			
U	19A. DATE OF OPERATION 19B. N	MAJOR FINDINGS OF OPER	ATION		L 20 AUTODOVA
A	ISA. BATE OF OF ENAMED 13B. IS	MAJOR PINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21a. ACCIDENT WAS UNDER- 21	18. PLACE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City, giv	1
MED	LYING OR CONTRIBUTING abou	ut home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
-	21D. TIME (Month) (Day) (Year) (Hou OF INJURY		ED 21F. HOW DID INJU	RY OCCUR?	
		m. WHILE AT NOT WHILE			
	22. I hereby certify that I attende		~ Occ. 18, 195	19	that I last saw the
	deccased alive on the 18, 19				
	23A. SIGNATURE	1/ / 2	3B. ADDRESS	t the causes and on the	23c DATE SIGNED
2	Walter	24C, NAME OF CEMETE	020 10	Take	1/1/1/3
Ti	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE	The state of the s	LOCATION (City, town, or	(State)
_	Burial 1/6/53	Cedar Hill	Cem. R	itchie Hgwy.	
	ATE RECEIVED BY REGISTRAR'S SIN	SNATURE	25. FUNERAL DIRECTOR	R	NDDRESS

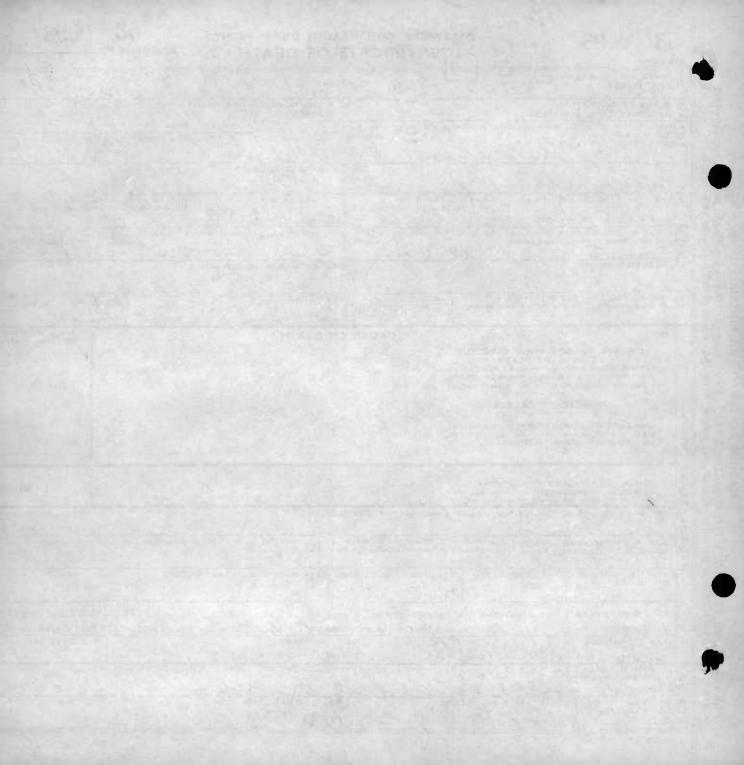
by Kolm 1025. Fut 10-12

ВІ	3 UUE)7			EALTH DEPARTMENT	S. Registere	3 No. 0097
1.	NAME OF D	Edward Ja	mag Dr	inaa		2. DATE OF T	an.3, 1953
	PLACE OF D		ruies 11	THE	4. USUAL RESIDENCE (V		l. If institution : residence
В.			tal or instituti	ion, give street address or location)	Md.		
	NOITUTION	. Balto. Ge	n. Hos		Baltimore (If	outside corporate l	imits, write RURAL and gi
1				Yrs. Mos.	D. STREET ADDRESS (If)
_	Length of s	tay in Baltimore	7 SINGLE	Days	1026 Willia	10 10 11	M. Hudar J. Vine M. Sadar 24 May
	M	W		ED, DIVORCED (Specify)	Nov. 7, 1902	last birthday)	Months Days Hours Mir
orl	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	1	12. CITIZEN OF WHAT COUNTRY
13	Glazio		Balto		Baltimore,	Md.	WIAT COOKIA
		ge Edward P	rince		Rosella Smit		
15 Yes	. WAS DECEAS	ED EVER IN U.S. ARME! (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS S1
				SECURITY NO.	Mrs. Frances B	Prince :	1026 William
		re, asthenia, etc. It mea complication which o	ins the disease	DUE TO	once Mysardia	a gua	
FICATION	injury or DISEASE:		ins the disease caused death. SES F ANY, GIVIN STATING TH	G	onic Myserdis	i j	271.
ш	DISEASE: RISE TO T UNDERL' OTHER S TRIBUTING	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) (ING CONDITION LA	INS the disease caused death. SES F ANY, GIVIN STATING THUST. ITIONS CON NOT RELATE	G DUE TO (C)			27.
CE	DISEASE: RISE TO T UNDERL' OTHER S TRIBUTING TO THE D	COMPLICATION Which COMPLICATIONS, IN THE ABOVE CAUSE (A) (ING CONDITION LA CONDITION LA CONDITION CONDITIO	INE the disease caused death. SES FANY, GIVIN STATING THAST. ITIONS CON NOT RELATE I CAUSING I	G DUE TO (C)	hodenal W		2 %.
CE	DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D 19A, DATE C	COMPLICATION Which COMPLICATIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA CONDITION LA CONDITION CONDITION CONDITION CONTROL CONDITION CONTROL CONTRO	THE DISCASSING THE CAUSING THE	FINDINGS OF OPER	RATION in or 21c, WHERE DID (1	2ee	2.71.
EDICAL CE	DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D 19A, DATE C	COMPLICATION Which COMPLICATION CAUSE OR CONDITIONS, IN THE ABOVE CAUSE (A) IN CONDITION LA CONDITION CAUSE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING	THE DISCASSING THE CAUSING THE	G DUE TO (C)	RATION in or 21c, WHERE DID (1	2ee	YES NO
EDICAL CE	OTHER STRIBUTING TO THE DISA. DATE COLUMN CAUSE OF	COMPLICATION Which COMPLICATION CAUSE OR CONDITIONS, IN THE ABOVE CAUSE (A) IN CONDITION LA CONDITION CAUSE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING	Ins the disease caused death. SES F ANY, GIVIN STATING THAST. ITIONS CON NOT RELATE I CAUSING II CAUSING II 9B. MAJOR 21B. PLA about home, for the cause of t	G DUE TO (C) FINDINGS OF OPER CE OF INJURY (e. g., arm, factory, street, office bidg.,	RATION in or 21c, WHERE DID (1 NJURY OCCUR? RED 21f. HOW DID INJURY	f in Baltimore Cit	YES NO
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EDICAL CE	OTHER STRIBUTION TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY	COMPLICATION Which of ANTECEDENT CAUSE OF CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year)	FANY, GIVIN STATING THAST. ITIONS CON NOT RELATE I CAUSING IT 9B. MAJOR 21B. PLA about home, for the conded the standard	FINDINGS OF OPER CE OF INJURY (o.g., arm, factory, street, office bldg., 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK deceased from	RATION in or 21c. WHERE DID (1 INJURY OCCUR? RED 21F. HOW DID INJURY	f in Baltimore City OCCUR?	YES NO Ety, give exact location) 958, that I last saw t
EDICAL CE	OTHER STRIBUTION TO THE DISACTOR OF INJURY	Complication which of ANTECEDENT CAUSES OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA CONDITION LA CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) Ty certify that I atter the contribution of th	FANY, GIVIN STATING THAST. ITIONS CON NOT RELATE I CAUSING IT 9B. MAJOR 21B. PLA about home, for the conded the standard	FINDINGS OF OPER CE OF INJURY (c. s., arm, factory, street, office bldg., while at work deceased from and that death occur	RATION in or 21c. WHERE DID (1 INJURY OCCUR? ZIF. HOW DID INJURY 2-/, 1952, to rred at #P. m., from to 23B. ADDRESS C. T	f in Baltimore City OCCUR?	YES NO Exp. give exact location) 9.55, that I last saw to the date stated about
MEDICAL C	OTHER STRIBUTING OTHER STRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY 22. I hereb deccased a 23A. SIGNA	COMPLICATION Which of ANTECEDENT CAUSE ON CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA CONTRIBUTION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION (Month) (Day) (Year) TURE CREMA ARD TE	FANY, GIVIN STATING THUST. ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for the condend the 1953.	FINDINGS OF OPER CE OF INJURY (c. s., arm, factory, street, office bldg., while at work deceased from and that death occur	RATION in or 21c. WHERE DID (1 INJURY OCCUR? ZIF. HOW DID INJURY 2-/, 1952, to rred at #f. m., from t. 23B. ADDRESS 707 E. For	f in Baltimore City OCCUR?	PES NO Exp. give exact location) 958, that I last saw to the date stated about 23c. DATE SIGNE
MEDICAL CE	OTHER STRIBUTING OTHER STRIBU	ANTECEDENT CAUSE ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA III GIGNIFICANT CONDITION OF OPERATION II ENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year) TURE CREMA 248. DATE	Ins the disease caused death. SES FANY, GIVIN STATING THAST. ITIONS CON NOT RELATE I CAUSING IT CAUSING IT PLATE I CAUSING I	FINDINGS OF OPER CE OF INJURY (e. g., arm, factory, street, office bldg., arm, factory street, office bldg., arm, factory street, office bldg., arm, factory, street, office bldg. 21e. INJURY OCCURR AT WORK AT	RATION in or 21c. WHERE DID (1 INJURY OCCUR? RED 21f. HOW DID INJURY 12 -/ ,1952, to 13 -/ ,1952, to 13 -/ ,7952, to 14 -/ ,7952, to 15 -/ ,7952, to 16 -/ ,7952, to 17 -/ ,7952, to 18 -/ ,7952, to 19	f in Baltimore City OCCUR? 1-3, 19 he causes and of	PS, that I last saw to the date stated about 23c. DATE SIGNE wan, or county) (State
MEDICAL CE	OTHER STRIBUTING OTHER STRIBUTING 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY 22. I hereb deccased a 23A. SIGNA 4A. BURIAL, ON, REMOVAL (S	COMPLICATION Which of ANTECEDENT CAUSE OF CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA CONDITION OF OPERATION OPERATION OPERATION OPERATION OPERATION OPERATION OPERATION OPPORT OPERATION OPERATION OPPORT	Ins the disease caused death. SES FANY, GIVIN STATING THAST. ITIONS CON NOT RELATE I CAUSING IT CAUSING IT PLATE I CAUSING I	FINDINGS OF OPER CE OF INJURY (e. g., arm, factory, street, office bldg., arm, factory street, office bldg., arm, factory street, office bldg., arm, factory, street, office bldg. 21e. INJURY OCCURR AT WORK AT	RATION in or 21c. WHERE DID (1 INJURY OCCUR? RED 21f. HOW DID INJURY 1 1952, to 1 rred at 11 f. m., from t. 238. ADDRESS 707 E. For ERY OR CREMATORY 24D. L.	f in Baltimore City OCCUR? 1-3 , 19 he causes and or The courses are considered as a course are courses are considered are courses are considered are consider	YES NO NO NY, give exact location) 95, that I last saw to the date stated above 23c. DATE SIGNE 23c. DATE SIGNE (State WY. ADDRESS

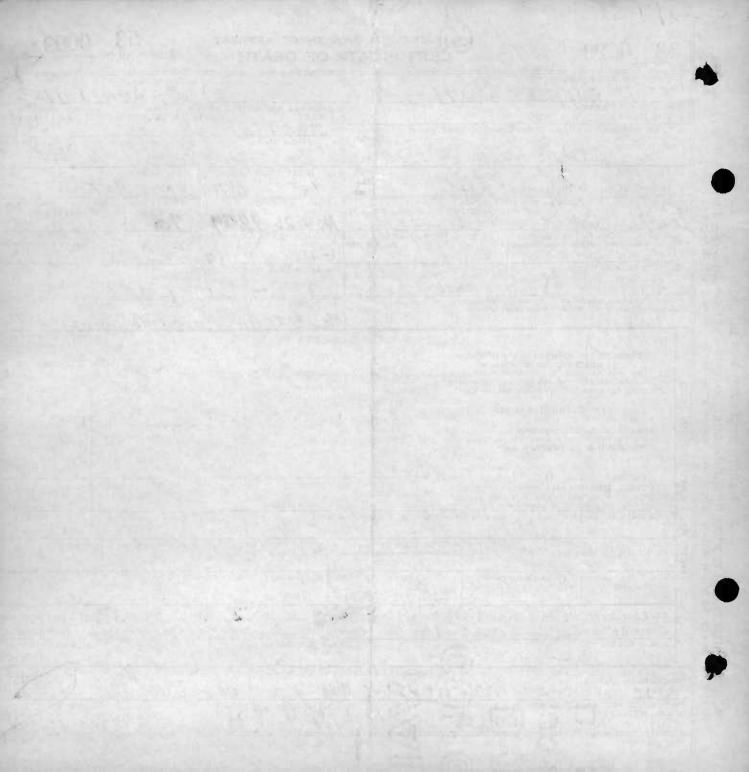
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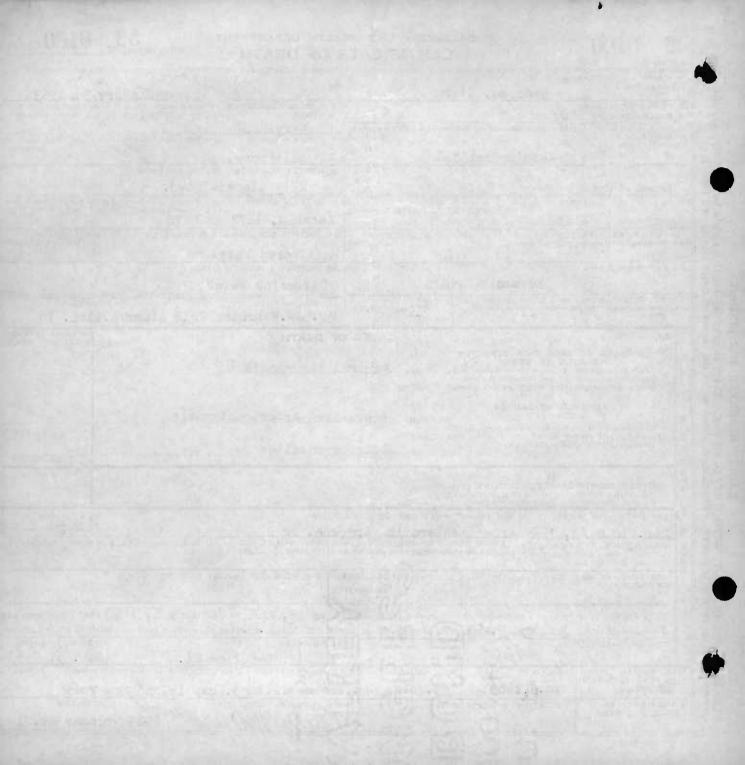
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	,	0000	BALTIMORE CITY HE	EALTH DEPARTMENT	53	0090
2		3 0099 RTH NO.	CERTIFICATI	E OF DEATH	Registered No.	0000
		NAME OF DECEASED			2. DATE	
og.	(T	ype or Print) SIPPIE	DULLIVAN		OF JAN	1-1953
supplied		PLACE OF DEATH: / Baltimore City, Maryland		4. USUAL RESIDENCE (W		
sap	В.	FULL NAME OF (If not in hospita	al or institution, give street address or	00 0 - /	B. COONTT	before admission)
Luny		STITUTION / F 10 M	location)	c. CITY OR TOWN (If	outside corporate limits, v	vrite RURAL and give
ly.		13/2/11/Ha	150N TIVE	BAITIMOR		0
gib		Towards of store in Dala	Yrs. Mos.		rural, give location)	
and legibly.		Length of stay in Baltimore SEX [6.COLOR OR RACE]	7. SINGLE, MARRIED.	8. DATE OF BIRTH		ler I Year It Under 24 Hours
an	F	emale Colored	WIDOWED, DIVORCED (Specify)	MAY 25 10FIN	last birthday) Month	os Days Hours Min.
arly a	10	A. USUAL OCCUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State of for	reign country) 1;	2. CITIZEN OF
lea clea	Work	done during most of working life, even if retired)	INDUSTRY	GREEN VILLE	00	WHAT COUNTRY?
th c	13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	MÉ	
death clearly		Milton Joh	NSON	TIMA CH	ADMAN	
of	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	ADD	RESS 0
ses		No -	, 5255.1111.105.	MRS OZE//AJU/	hunn-15121	Adjson the
3		18. 422.1	CAUSE	OF DEATH		INTERVAL BETWEEN
the car		DISEASE OR CONDITION		1 2 11	1	1. 4
te t		(This does not mean the mode o heart failure, asthenia, etc. It mea	f dying, e.g., (A)	hos Hon	may	troot 4
write		injury or complication which c			0	
	_	ANTECEDENT CAUS	ES	1 - 1 V 2 1	The state of	1
please	TION	DISEASES OR CONDITIONS, I	F ANY, GIVING			
5 .:	AT	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO			
Physicians: 1	RTIFIC		(C)			
Sici	RTI	OTHER SIGNIFICANT CONDI	TIONS CON-			
Phy	III	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	•••••••••••••••••••••••••••••••		
-		19A. DATE OF OPERATION 19	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
rtant.	CA	21A, ACCIDENT, SUICIDE.	21B. PLACE OF INJURY (e. g., in	o or 21c, WHERE DID (II	f in Baltimore City, give	YES NO
important.	EDICAL	HOMICIDE (Specify)	about home, farm, factory, street, office hldg., e		in Datimore Oity, give	e exact location)
imi	Σ	21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
lly.		OF INJURY	WHILE AT NOT WHILE			
cially		22 I houghes contife that I att	m work Twork	19\20	G 1 108'2	hat I last saw the
. o		22. I hereby certify that I atte	, 19 and that death occur		re causes and on the	
is esp		23A. SIGNATURE	2	3B. ADDRESS		23c. DATE SIGNED
b		WEITH C	M. D.	513560	to	1773
t a	TIC	A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	Nem. Pk. Ap	10 /	county) (State)
correct	D	BURIAL JAN. 6-	1953 FIRDUTUS 1	25 FUNERAL PIRECTOR	butus mo	DDRESS ,
COL	LC	CAL REGISTRAR	A WIB G DO	20 0		noch st
	=	JAN 6 19331 11, 11	A A A A A A A A A A A A A A A A A A A	our Allen	une-0171	round to
		VS 150	/1			



BALTIMORE CITY HEALTH DEPARTMENT 53 CERTIFICATE OF DEATH BIRTH NO . NAME OF DECEASED 2. DATE (Type or Print) OF Donohue, Clara fully supplied. DEATH January 5. 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland (If outside corporate limits, write RERAL and give c. CITY OR TOWN INSTITUTION township) St. Joseph's Hospital Baltimore, 18 Yrs. D. STREET ADDRESS (If rural, give location) Mos 2913 Alemeda Blvd. c. Length of stay in Baltimore Life Days should be learly and le 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SFX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | ff Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours | Min. March 9, 1877 Female White 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Baltimore, Maryland
14. MOTHER'S MAIDEN NAME None 13. FATHER'S NAME Edward Wehrhahn Catherine Weber 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO. Mr.Edw.Wehrhahn 2913 Alameda. Blvd. 18 Every item of i INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral thrombosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (a) Generalized arteriosclerosis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. Diabetes mellitus OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X Arteriosclerotic gangrene, legs 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 22. I hereby certify that I attended the deceased from December 9, 152, to January 5, , 1953 that I last saw the RITE deceased alive on January 51953, and that death occurred at 2:03 A.M. from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 1400 N. Caroline St. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-Removal (Specify) Jan.6, 1953 St. Johns Cem, Queens Village, Long Island New York DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 2024 Orleans St. 31 VS 150



MARGIN RESERVED FOR BINDING

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

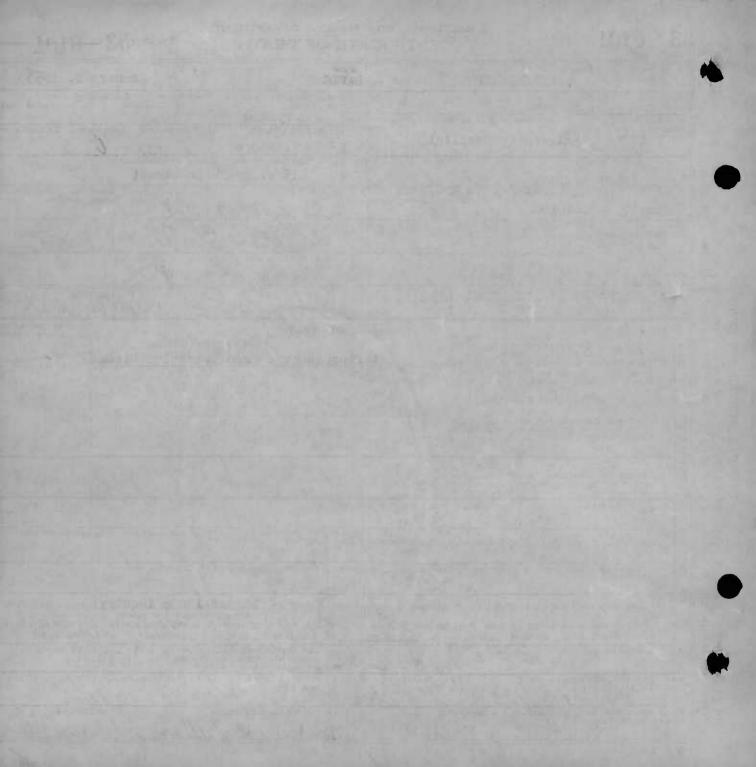
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BI	IRTH NO.			
1. (T	NAME OF DECEASED Sype or Print) MARGARET	DAVIS	2. DATE OF DEATH Januar	y 2, 1953
B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF	A. STATE Maryland c. CITY OR TOWN	CE (Where deceased lived. If ins B. COUNTY (If outside corporate limits, v	before admission
7			(If rural, give location)	1_5
	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Colored)	8. DATE OF BIRTH	19 AGE (In years) H Ha	der 1 Ysar It Under 24 Hou hs: Days Hours Mir
	DA. USUAL OCCUPATION (Give kind of the constitution of the constit		te or foreign country)	2. CITIZEN OF WHAT COUNTR
	Pran Davis	14-MOTHER'S MAID	EN MAME	
15 Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECURITY	NO. 17 INFORMANT	wis 720A.C	RESS Wollin
ATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	eriosclerotic Car	diovascular Disea	Se
ERTIFIC	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
U	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?
EDICAL	21a, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.			
ME		CURRED 21F. HOW DID IN	JURY OCCUR?	
	22. I certify that I took charge of the remains descrit the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural of	Aut or Inquiry, find that so	topsy, Inspection or Inquiry aid deceased died on the	day stated abou
	23A. SIGNATURE RSF roller	238, CHIEF MEDI	ICAL EXAMINER 23c.	DATE SIGNED
23	ON, REMOVAL (Specify) 1/6/1953 St. 12	METERY OR CREMATORY 2	LOCATION City, town for	Hol:
	ATE RECEIVED BY DEGISTRAR'S SIGNATURE	25. FUNERAL DIREC	TOR	DORESS 322 N

208A

Water R. Williams

Schroder



V S 151

MARGIN RESERVED FOR BINDING

0102

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 (Registered No. 0102

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MARSHALL SMITH	1 2. DATE OF DEATH January 2, 1953
3. PLACE OF DEATH: A Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission) Maryland
B. FULL NAME OF '' i' not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION Johns Hopkins Hospital	Baltimore God township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	424 N. Chapel Street
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under 24 Hours Min. 1 A Days Hours Min.
10a. USUAL OCCUPATION (Givekindof 10b. KIND OF BUSINESS OR FOR A COLOR OF BUSINESS OR INDUSTRY	11. BURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT SOUNTRY
JOE SMITH	ANNA TOWICH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, notorunknown) (If yes, give war or dates of service) SECURITY NO.	Windfelh Smill Lyncheurer Var
18. 443 X CAUSE (OF DEATH
DISEASE OR CONDITION DIRECTLY	ONS T AND DEATH
I EADING TO DEATH	ensive and Arteriosclerotic
heart failure, asthenia, etc. It means the disease,	ovascular Disease
injury or complication which caused death.)	Mascarat Disease
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER.	ATION 20. AUTOPSY?
	YES NO X
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- about bome, farm, factory, street, office bldg., e	
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY NOT WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?
	i il inducation i incuire il
22. I certify that I took charge of the remains described a	bove, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	nquiry, find that said deceased died on the day stated above \square , accident \square , suicide \square , homicide \square , undetermined \square .
	238. CHIEF MEDICAL EXAMINER
MUNICIPALITY 1/6/1953 Lynchtus	RY OR CREMATORY 24D. LOCATION (City town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	29 FUNERAL DIRECTOR ADDRESS 3221

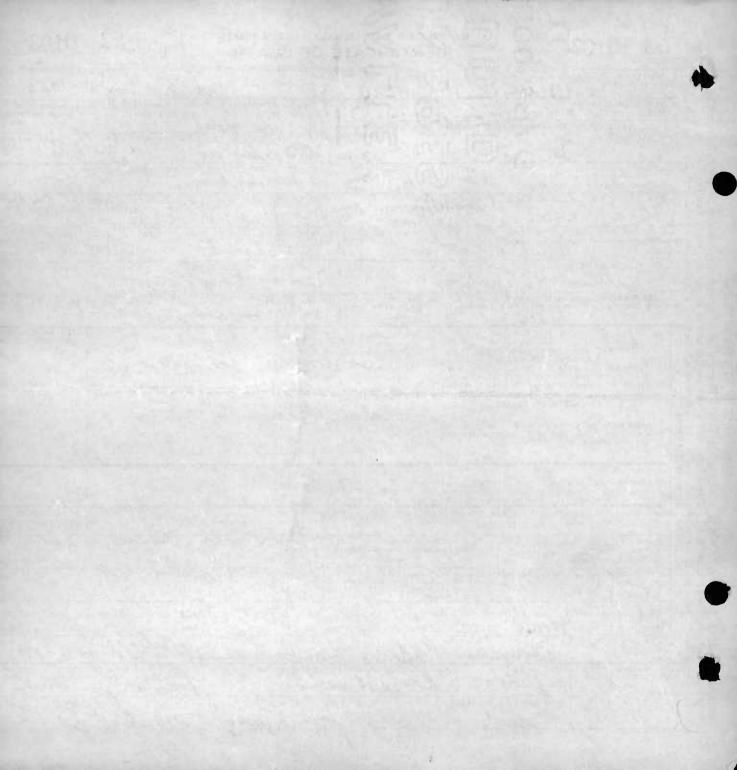
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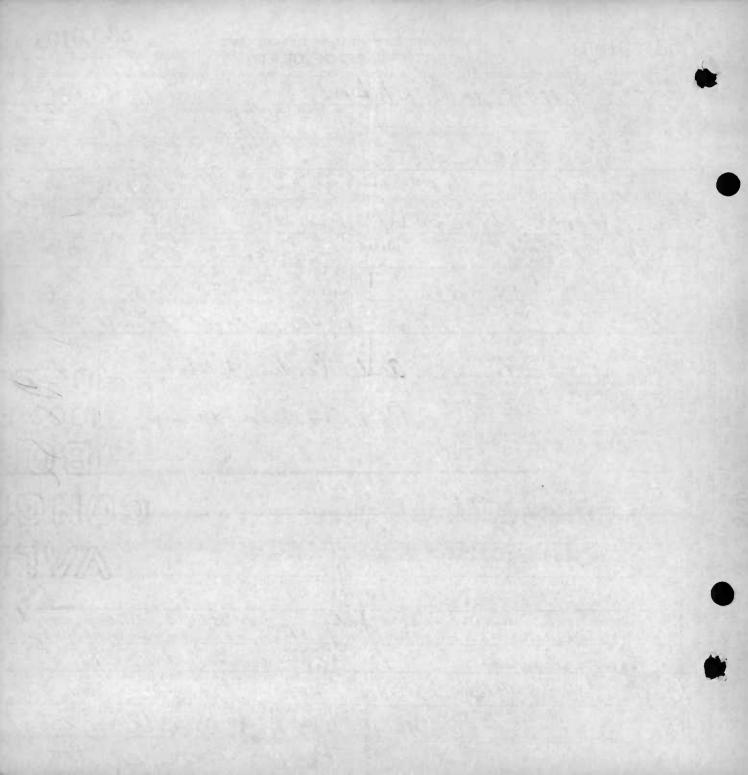
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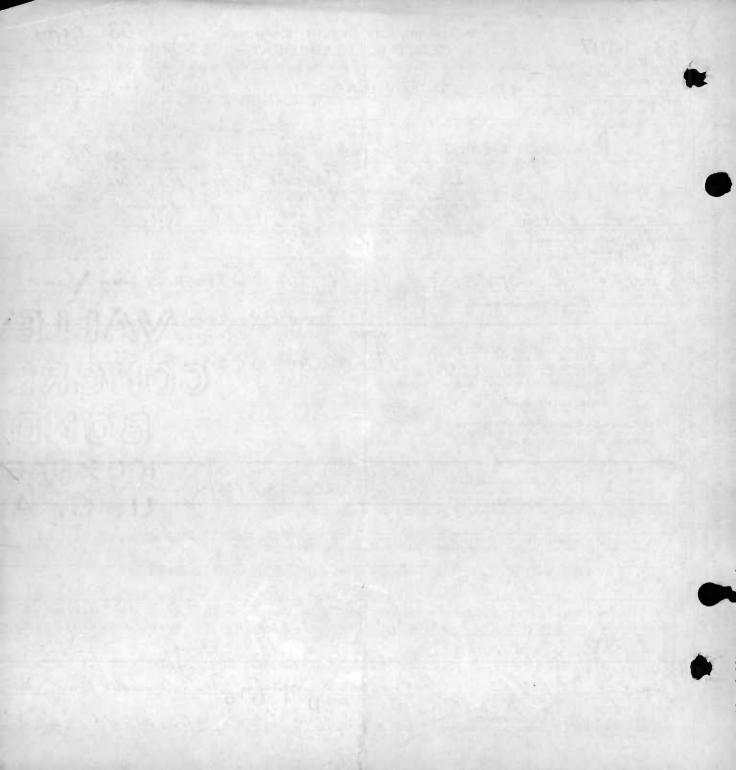
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BALTIMORE CITY HEALTH DEPARTMENT

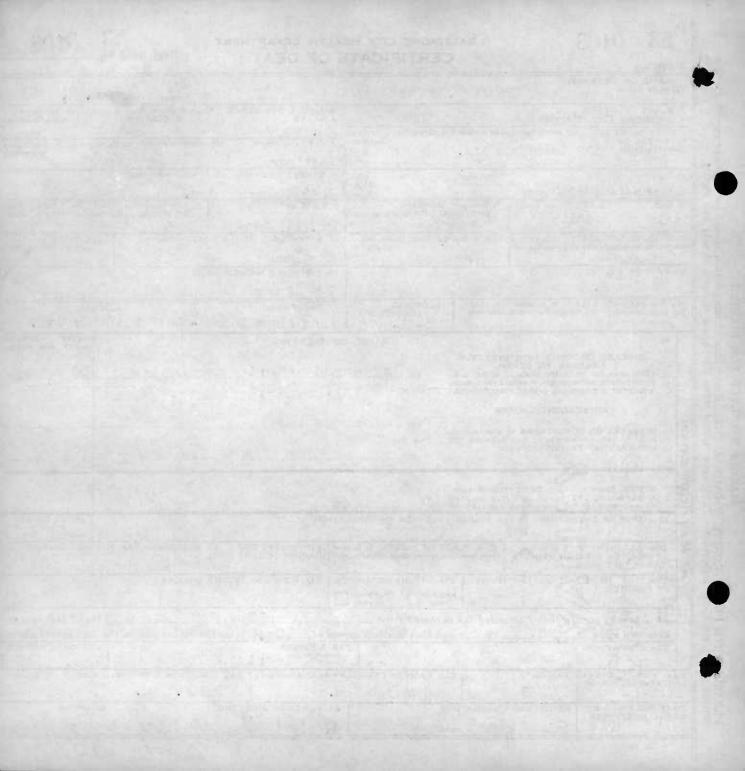
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11	07.00	CERTIFICAT	E OF DEAT	Registered	I No
-	RTH NO.				
(7	NAME OF DECEASED ype or Print) ELLSW	ORTH D. SHEPPAR	D	2. DATE OF DEATH JA	nuary 5, 1953
	PLACE OF DEATH:			ENCE (Where deceased lived.	If institution : residence
11	Baltimore City, Maryland FULL NAME OF (If not in hospital or insti	tution, give street address or	Maryland	B. COUNTY	before admission)
H	DSPITAL OR	location)	C. CITY OR TOWN	(If outside corporate lin	mits, writeRURAL and give
11/	1203 E. North A	renue	Baltimore	Par	township)
		Yrs. Mos.	D. STREET ADDRI	ESS (If rural, give location)	
	Length of stay in Baltimore	Days	1203 E. N	orth Avenue	
5.	I WIDO	LE, MARRIED. DWED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours Months Days Hours Min.
	male white man	ried	Sept. 23,	1881 71	Months: Days Hours: Min.
worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) Ret Salesman	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NAME	alm. Mass	14. MOTHER'S MA	IDEN NAME	
	James Sheppard	(w)	Martha		
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES: p, no or unknown) (If yes, give wer or dates of service)	16. SOCIAL	17. INFORMANT		ADDRESS
1	() 551 8110 1101 51 2100 51 320 1200	SECURITY NO.	Mamie R. She	eppard, 1203 E.	North Avenue
	18. 502.0	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL	Y	,	0 0	
	LEADING TO DEATH (This does not mean the mode of dying,	2. g., (A) 2n	ychysem.	- Bulmmer	15 yeus
	heart failure, asthenia, etc. It means the dis- injury or complication which caused de-			6	
_	ANTECEDENT CAUSES		ings hie	Heart Ful	nie 6 mus
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GI	(3)			***************************************
A	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO	hooni 1	monchity	1 7 542cm
2		(C)			
Ë	11				
Ш	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELA	TED			
U	19a. DATE OF OPERATION 19b. MAJO	OR FINDINGS OF OPER	PATION		20, AUTOPSY?
AL	0	, , , , , , , , , , , , , , , , , , ,			YES NO
EDICAL	21A. ACCIDENT WAS UNDER- 21B. F	LACE OF INJURY (e. g., i	n or 21c. WHERE D	ID (If in Baltimore City	, give exact location)
MED	LYING OR CONTRIBUTING Shout hom	ne, farm, factory, street, office bldg.,	eto.) INJURY OCCU	R?	
2	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY m.	WHILE AT NOT WHILE WORK			
	22. I hereby certify that I attended to		- /	The Jam 5 10	53that I last saw the
			, 10-4	from the causes and on	
	23A. SIGNATURE		38, ADDRESS	from the causes and on	23c. DATE SIGNED
	Sul In	uth M.D.	1223	2 1/VOIH 1	me 1/5/53
2.	A. BURIAL, CREMA- 248. DATE	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow	vn, or county) (State)
110	burial 1/7/53	Parkwood Ceme	etery	Parkville,	Maryland
	TE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL DIR		ADDRESS
1	OCAL REGISTRAR	1/17 3 6/2	DO 1	2 (7) 1217 S	t. Paul Street

VS 150



ВІ	53 0108 BALTIMORE CITY HE CERTIFICATI		53 Registered No	
	NAME OF DECEASED (Sype or Print) GERALD B. BOONE		2. DATE OF DEATH Ja	n. l. 1953
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Who		
H	FULL NAME OF (If not in hospital or institution, give street address or ospital or allocation) 3432 Edmondson Ave.		tside corporate limits,	vrite RURAL and give township)
-	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rui		
	sex 6. COLOR OR RACE 7. SINGLE, MARRIED. white Single DIVORCED (Specify)		AGE (in years I'll	der I Year hs Days Hours Min.
orl	OA. USUAL OCCUPATION (Give kind of kdone during most of working life, even if retired) Foreman Newspaper	11. BIRTHPLACE (State or fore Maryland	ign country) 1;	2. CITIZEN OF WHAT COUNTRY
	Charles F. Boone	14. MOTHER'S MAIDEN NAM Ida Barnes	E	
(Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES? s. no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 216-01-1976	17. INFORMANT Miss Alene Boone		dson Ave.
TIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ced arterio sclubral hemorrhage alvsis Aug. 16	and , 1952	10 mos.
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
DICAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If	in Baltimore City, giv.	20. AUTOPSY? YES ND E
MEL	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY (OCCUR1	
	22. I hereby certify that I attended the deceased from Mar	red at 10am., from the	causes and on the	that I last saw the
24 TIG	deceased alive on Jan. 3, 19 52, and that death occur 23A. SIGNATURE AA. BURIAL, CREMA- 24B. DATE ON. REMOVAL (Specify) 24C. NAME OF CEMETER 24C. NAME			Jan. 5.195
_ h	4A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETER	2220 Garrison E	ATION (City, town, or to., Md.	Jan. 5.195



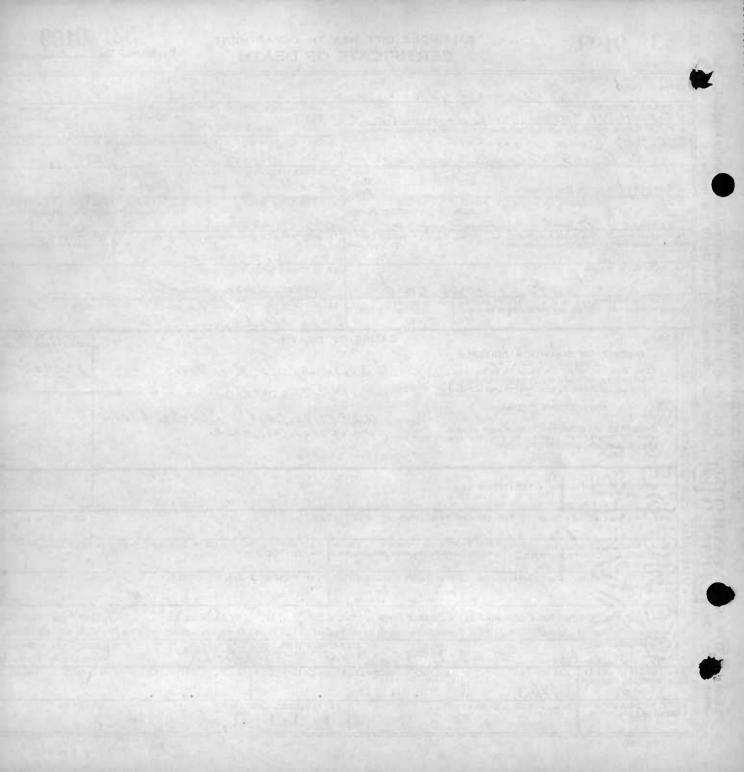
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information

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) DEATH Lan. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland /400 A. STATE before admission) (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION and altemore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. 5 edowe clearly 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none inia death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO causes none 420.1 INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO apteniose/cartic Ceacher-lassio ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baitimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE 22. I hereby certify that I attended the deceased from January, 1957, to Jan. 4 . 1953, that I last saw the . 1953, and that death occurred at 3 . The m., from the causes and on the date stated above. deceased alive on Jan 2 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE Burial Mt. Olivet Cem. Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150



before admission)

WHAT COUNTRY?

ONSET AND DEATH

20. AUTØPSY

(State)

YES V

U.SA

township)

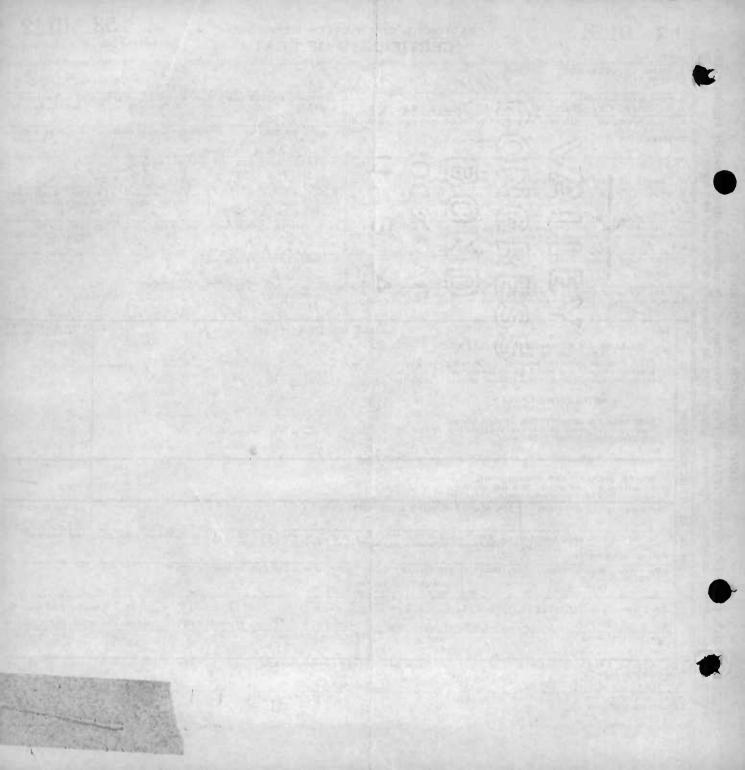
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53 0111 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 1031 Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SFX 6. COLOR OR RACE 9. AGE (In years | If Under | Year 7. SINGLE, MARRIED H Under 24 House WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. arre 10A. USUAL OCCUPATION (Givekindof) JOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? aneloc 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 18. 422.1 INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED Ш 10 TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 ALTOPS EDICA YES NO 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK WORK March 13 22. I hereby certify that I attended the deceased from I that I last saw the 1952, and that death occurred at 1145 deceased alive on A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24d NAME OF CEMETERY OR CREMATORY 24B, DATE 24D. LOCATION (City, town, or dunty) TION. REMOVAL (Specify) merical DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



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	SEX		DR RACE	WIDOW	E. MARRIED. ED. DIVORCED (Specify)	and many	9. AGE (In years last birthday) Mont	nder I Year If Under 24 Hours ths Days Hours Min.
work	done during m	OCCUPATION of working life.	V (Give kind of even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY		foreign country)	2. CITIZEN OF WHAT COUNTRY
	FATHER'S	Lun	W-			Sarah Ma	NAME	
15 (Yes	, was DECE	ASED EVER IN	U, S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	Joseph Man	ADE	DRESS
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MEDICA	LYING	OR CONTRI	UNDER- BUTING	21B. PLA about bome, f	CE OF INJURY (e. g., i arm,factory,street,office bldg.,	etc.) 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, giv	e exact location)
4	OF INJUR	(Month) (I	Day) (Year)		21E, INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
		alive on	that I att	ended the 1953,	deceased from	Unev. Hos	the causes and on the	23c. DATE SIGNED
T	A. BURIAL	(Specify)	48. DATE	3	MAME OF CEMETE	RY OR CREMATORY 240.	LOCATION City, town, or	
	ATE RECEI		GISTRAR'	SIGNATU	Philippus, M.	PE FUNERAL DIRECTOR	139W/Ham	Luy SAn



BIRTH NO (Type or Print) fully supplied. 3. PLACE OF DEATH: B. FULL NAME OF HOSPITAL OR INSTITUTION 5. SEX information should of death clearly as 13. FATHER'S NAME (Yes, no or unknown) em of i Every item or 18.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No I. NAME OF DECEASED 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland 22 2 B. COUNTY A. STATE before admission) (If not in hospital or institution, give street adiress or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In year) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. IOA. USUAL OCCUPATION (Givekind of II. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR W.S. A ourune 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-40 Cardia TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS AUTOPS 20. important. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK Gelove, 1950 to Jan 5, 1953 that I last saw the 22. I hereby certify that I attended the deceased from_ and that death occurred at 3 10 m., from the causes and on the date stated above, deceased alive on Jan 5 1953 23A/SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) uluna

DATE RECEIVED BY LOCAL REGISTRAR

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35, FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

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22. I hereby certify that I attended the deceased from Dec. 20 th, 19 52 to Jan. 5th , 19 53, that I last saw the deceased alive on Jan. 5 th 1953, and that death occurred at 208 m., from the causes and on the date stated above. 23c. DATE SIGNED 1400 N. Caroline Street - 13 Jan. 5 1953 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1639 N. Broadway VS 150

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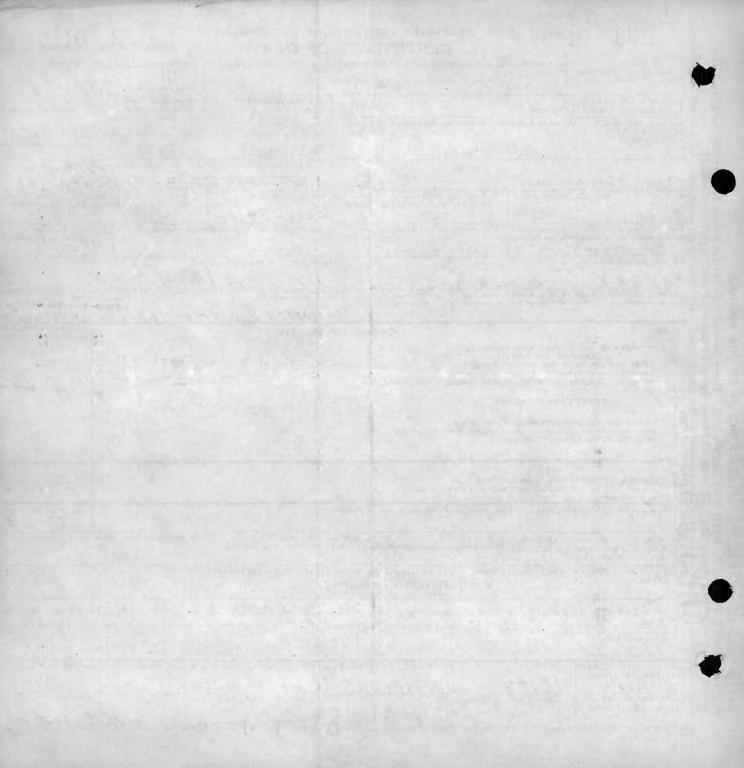
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12. CITIZEN OF

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ONSET AND DEATH

20. AUTOPSY



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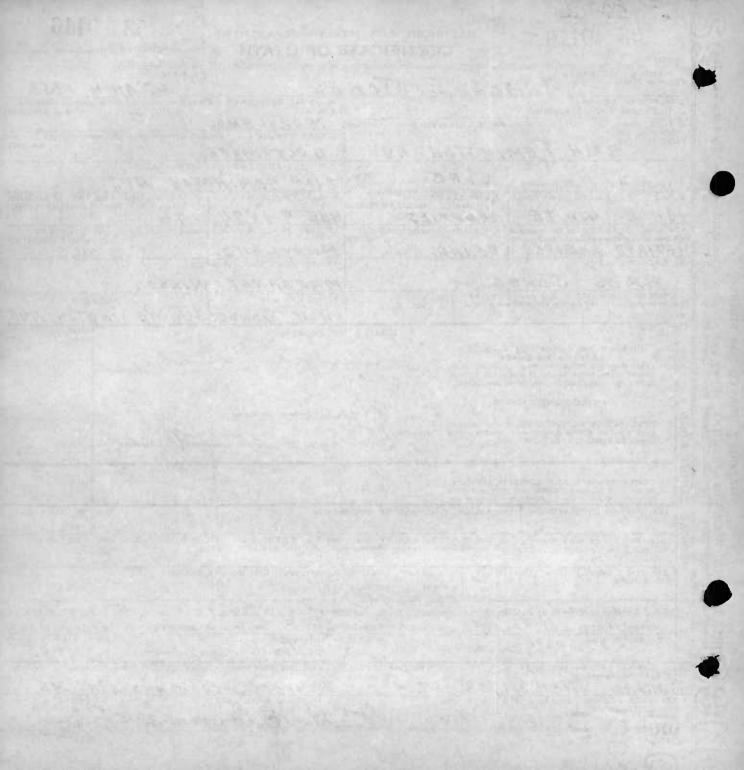
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ONSET AND DEATH

20. AUTOPSY

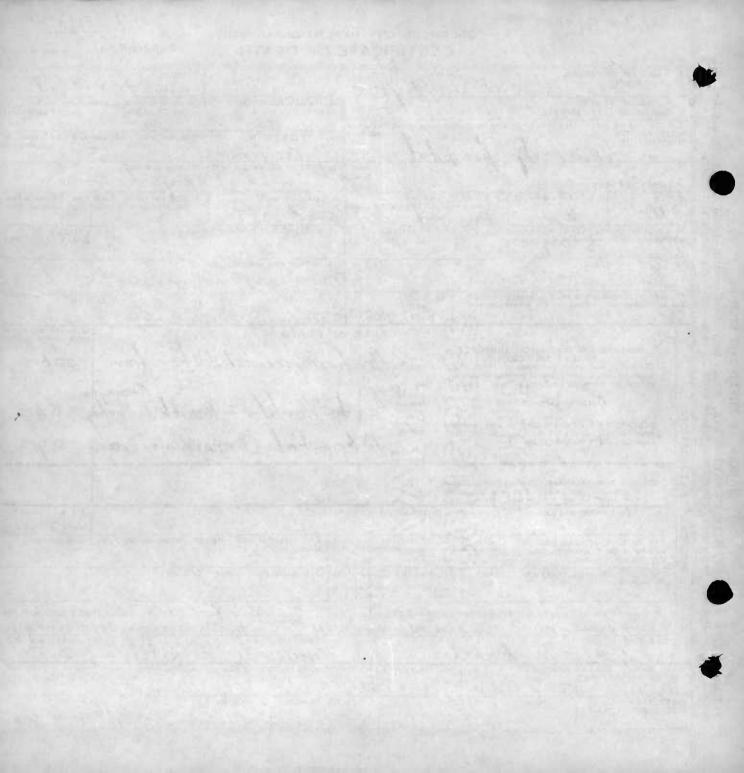
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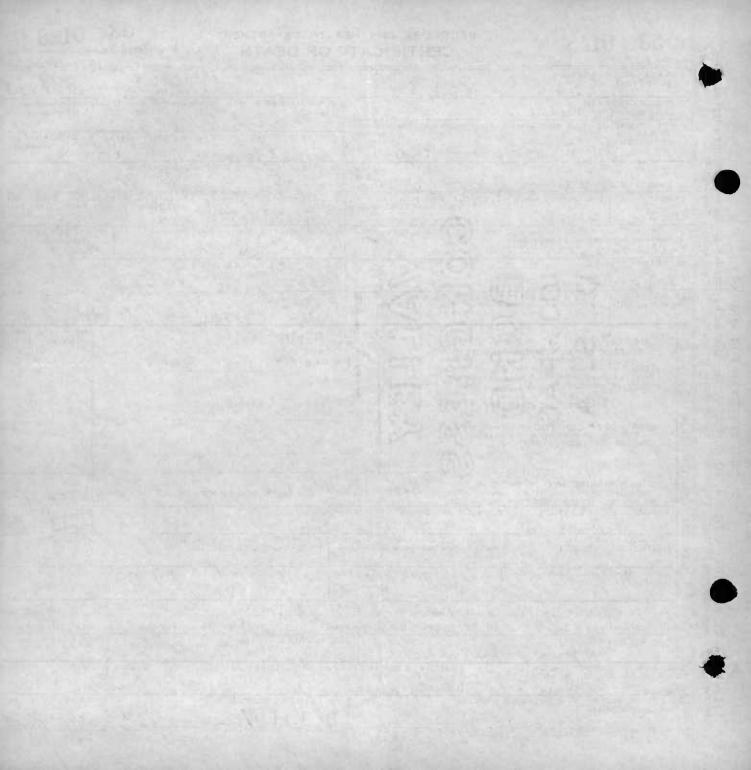


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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF refully supplied DEATH 3. PLACE OF DEATH RESIDENCE (Where deceased lived. If institution; residence 4. USUAL A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAM and give C. CITY OR INSTITUTION ild be reful and legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED H Under I Year B. DATE OF BIRTH 9. AGE (In years) II Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. plnods Widawes 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR information s of death cle Ballo- Transit 13. FATHER'S NAME MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. causes of item INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ARCINOMA 6 MONTHI (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-PRRTENSIVE CARDIO-VASCULAR DISEASE TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS HLL EDICAL important. NONE 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK . 1953, that I last saw the APRIL 10 19 50 to JAN. 5 22. I hereby certify that I attended the deceased from. deceased alive on JAN. 5 19 53, and that death occurred at 3 m. from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA 24B. DATE 24c. NAME OF CEMETERY DR CREMATOR TION, REMOVAL Specify BATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Ada A.S. Little ully supplied DEATH Jan. 5. 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2923 Baker Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 28 23 Baker St. 8. DATE OF BIRTH 9. AGE (In years) information should be 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE last birthday) | Months Days Hours | Min. 6/19/1884 Married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY Baltimore House Wife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John C. Cavano Emma C. Cavano 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. George A. Little 2923 Baker St. 18. item 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Every write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from Dec 30 , 1922, to_ RITE is espe Less 5. 1953, and that death occurred at 1 20, m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 3604 Leberts Aglo 24C. NAME OF CEMETERY OR CREMATORY 24B. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) 1/8/53 Lorraine Park Baltimore 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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20. AUTOPSY YES (If in Baltimore City, give exact location) _, 1953 that I last saw the 23c. DATE SIGNED 1.6-53 Md. ADDRESS John T. Stansbury 2700 Edmondson Ave.

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12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF efully supplied MARET. PETERS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MD. location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1410 School St. INSTITUTION and legibly BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. LIFE c. Length of stay in Baltimore 1410 SCHOOL STREET Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years II Under 1 Year II Under 24 Hours Last birthday) Months; Days Hours; Min. Il Undar 24 Hours WIDOWED, DIVORCED (Specify) should 7/3/1899 clearly 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? BALTIMORE information LAUNDRY LAUNDRESS 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME ANNIE WALLACE ANDREW TYLER 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes BENJAMIN MORSELL-1133 FRANKLIN ST NONE 215-16-5476 of INTERVAL BETWEEN 18. CAUSE OF DEATH MARGIN RESERVED FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Concin ones of the oracan Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY anceanoma of overy + wetas turns important. 1452 NO L 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE WORK AT WORK . 19 53 that I last saw the . 1954, to_ Jan 22. I hereby certify that I attended the deceased from RITE is esp 19 53, and that death occurred at. 2/10A, from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1/5/53 age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) W COUNTY. ARBUTUS MEM'L PK. BALTO. BURTAT. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 12 Canolle withington VS 150

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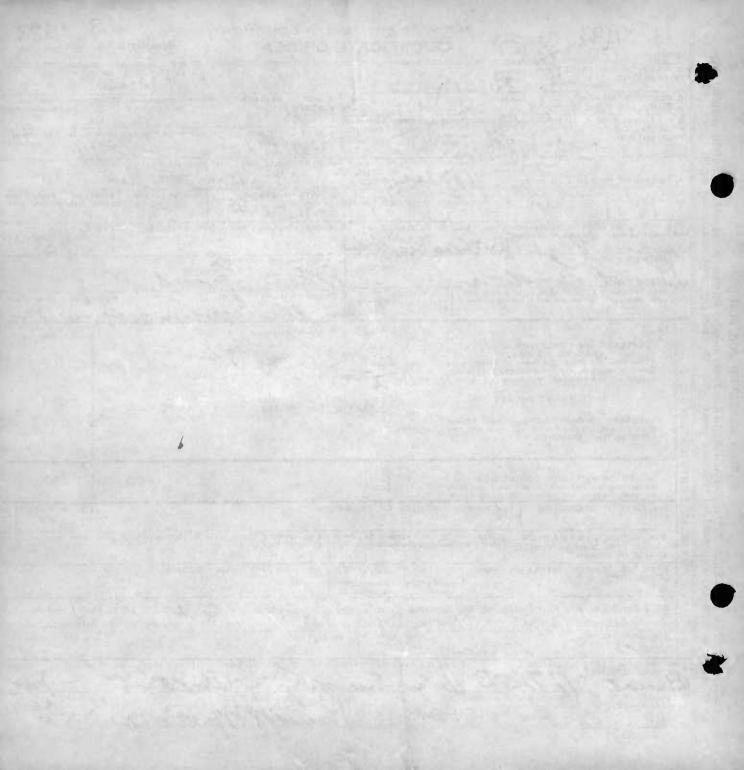
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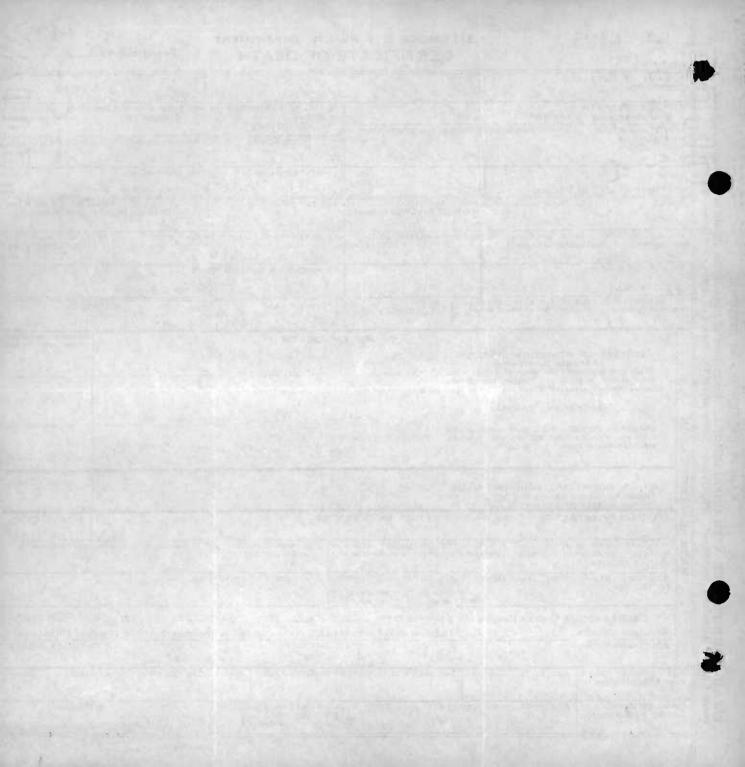
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1.	IRTH NO. NAME OF DECEASED Type or Print)	•	A4 ~ C &	2. DATE OF
	PLACE OF DEATH: Baltimore City, Maryland	E RINGGOLD	4. USUAL RESIDENCE (W	There deceased lived. If institution; residence B. COUNTY before admission
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1	ý.	Yrs. Mos. Mos.	D. STREET ADDRESS (If	rural, give location)
_	Length of stay in Baltimore	Days	8. DATE OF BIRTH	9. AGE (In years H Under I Year H Under 24 Hours Last birthday) Months Days Hours Min.
ork	DA. USUAL OCCUPATION (Give kin k done during most of working life, even if retired Secretary	dof 10B. KIND OF BUSINESS OR INDUSTRY		WHAT COUNTRY
13	B. FATHER'S NAME		BALTIMORE, M	
15 (Yes	5. WAS DECEASED EVER IN U. S. AR. 10. DO OF DINKNOWN) (If yee, giva war or co	MED FORCES? 16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Geo. Banks	ADDRESS
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은	(This does not mean the more heart failure, asthenia, etc. It in injury or complication which antecedent can be seen as the injury of complication which antecedent can be seen as the injury of complication of the significant contributing to the death, but to the disease or condition of the disease of of the d	NUSES (B) (C) NUITIONS CON- UT NOT RELATED ION CAUSING IT. 19B MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg. 21E. INJURY OCCURF WHILE AT NOT WHILE	RATION - IN PARTIES IN OR OTHER DID (INJURY OCCUR?	20. AUTOPSY? YES NO f in Baltimore CKy, give exact location) OCCUR?
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U HW MEDICAL CERTIFICATIO	(This does not mean the more heart failure, asthenia, etc. It in injury or complication which and the more heart failure, asthenia, etc. It in injury or complication which are the more heart failure injury or complication which are to the above cause underlying condition of the property of the desart, but the disease or condition of the disease or condition in the disease or condition of the disease or condition or condition of the disease or condition or	NDITIONS CON- UT NOT RELATED ION CAUSING IT. 198, MAJOR FINDINGS OF OPE 218. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg. 218. PLACE OF INJURY OCCURE WHILE AT NOT WHILE M. WORK AT WORK attended the deceased from 199, and that death occu	RATION In or 21c, WHERE DID (I INJURY OCCUR? RED 21f, HOW DID INJURY 198, to 1 23g. ADDRESS ERY OR CREMATORY 24D. LC Cemetery Ba. 25. FUNERAL DIRECTOR	20. AUTOPSY? YES NO If in Baltimore Cky, give exact location) OCCUR? The causes and on the date stated above 23c. DATE SIGNED 1 10-12

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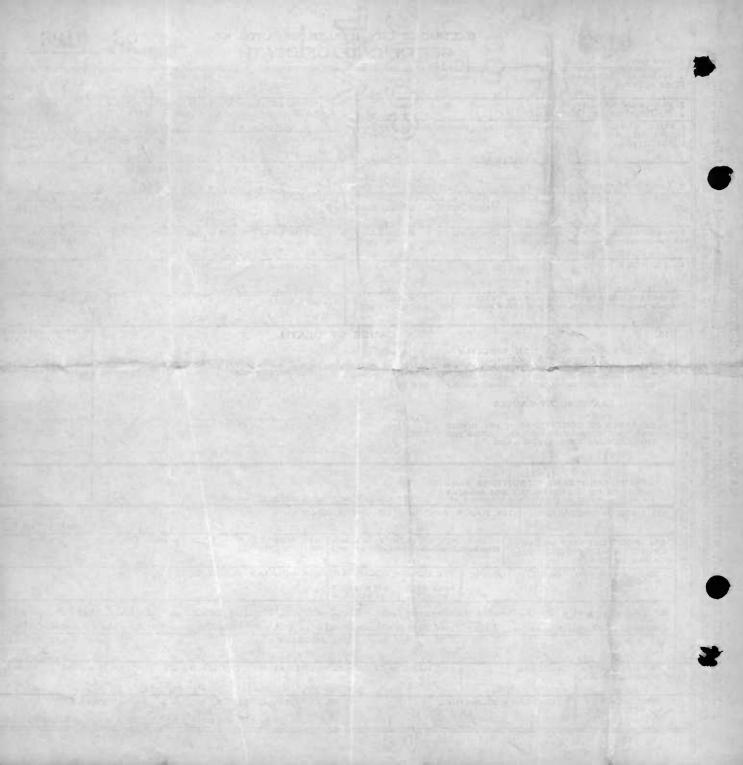
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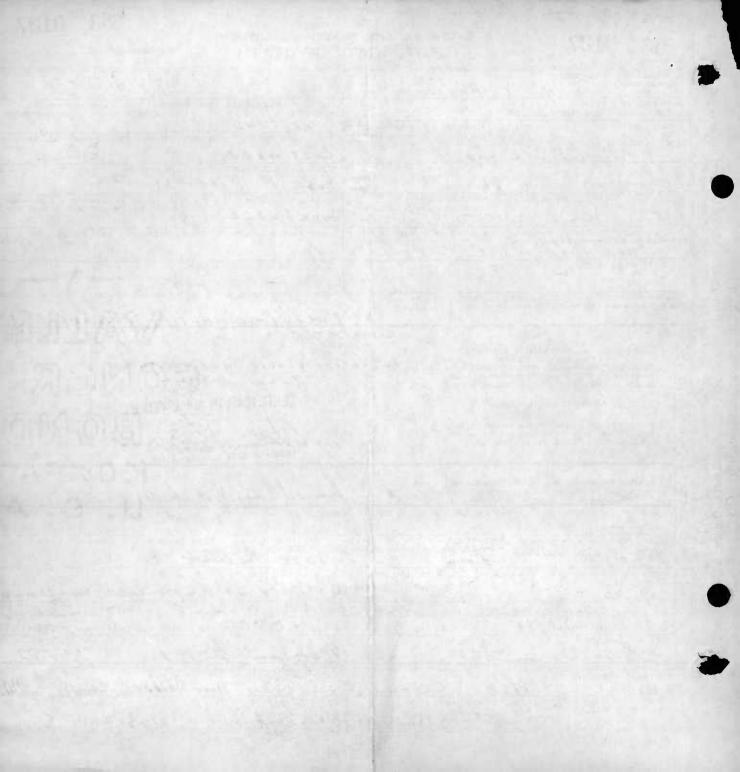
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY



refully supplied.



BALTIMORE CITY HEALTH DEPARTMENT 53 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or efully location) C. CITY OR TOWN If outside corporate limits, write HURAS and give INSTITUTION township) information should be refu Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) Il Under 1 Year Il Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months; Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) alerman. Car 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, ao or unkaown) (If yes, give war or dates of service) SECURITY NO causes same. Jo INTERVAL BETWEEN 18. CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
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NOT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF OR ASS I. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT

0129

1217 St. Paul Street

1.	NAME OF DECE	ASED						2. DATE		
(T	ype or Print)	JO	HN T		PRICE			DEATH Jan	uary	5, 1953
	PLACE OF DEAT Baltimore City					4. USUAL RESIDEN	ICE (W	here deceased lived. B. COUNTY	If instit	ution : residence before admissio
	FULL NAME OF	(If not in hospit	al or institution	on, give	atreet address or	Maryl	and			
	SPITAL OR				location)	C. CITY OR TOWN	(If	outside corporate lir	nits, wri	te RURAL and gi
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	Length of stay				Days		S. H	anover Stre		
5.	SEX 6.0	COLOR OR RACE	7. SINGLE WIDOW	ED, DIV	IED, ORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last hirthday)	Months:	Year H Under 24 Hou Days Hours Mi
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	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXX cardiovascular disease					***************************************				
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	and death	in my opinion	regulted fr	rom: n	atural eause	🛚 🗶 , accident 🔲 , si	uicide	, homicide	, undet	ermined [].
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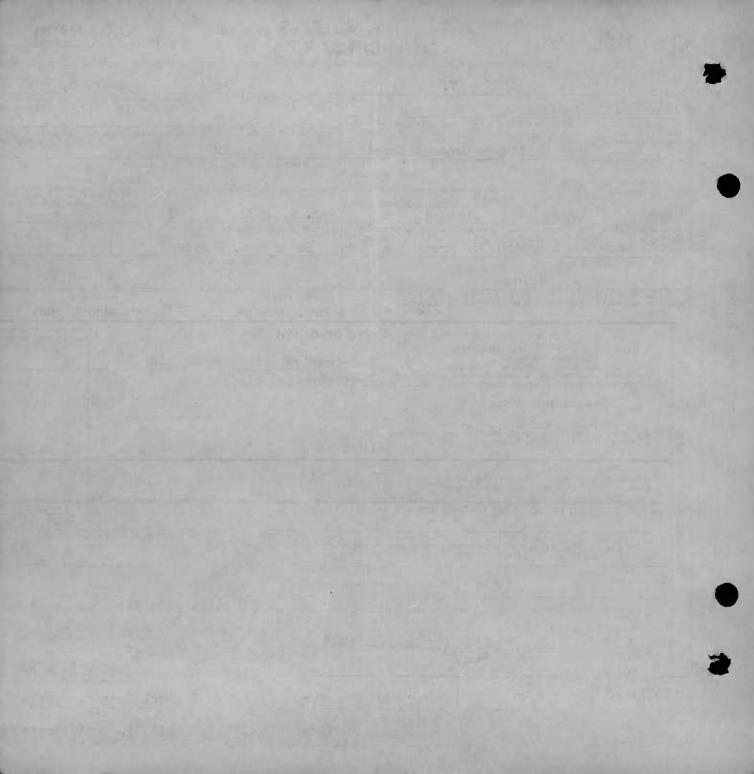
REGISTRAR'S SIGNATURE

PLEASE Correct age 1

DATE RECEIVED BY LOCAL REGISTRAR

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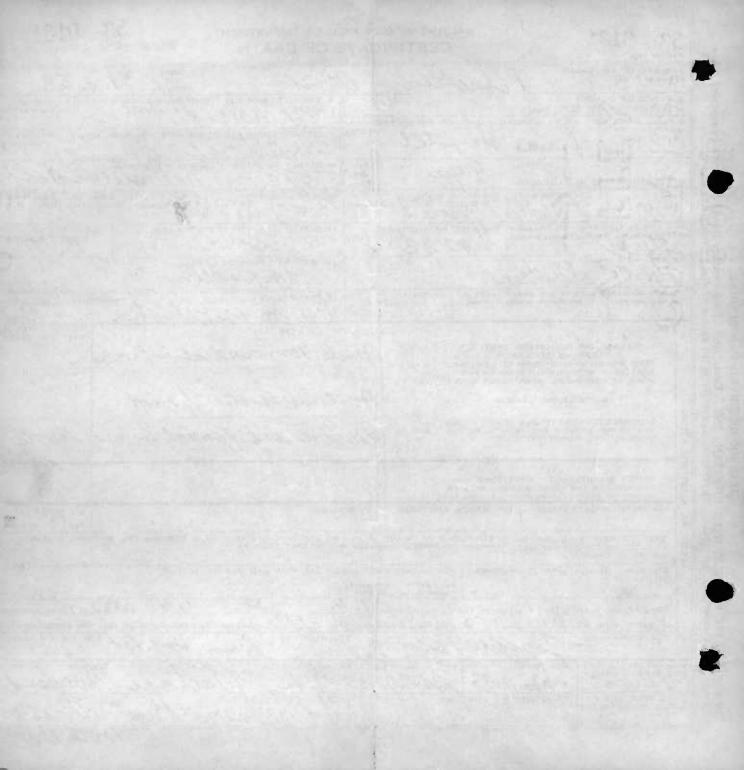
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TAMEN BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. EASED 2. DATE A DEATH 4. USUAL RESIDENCE (Where deceased lived, If institut ion : residence , Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) C. CITY (If outside corporate limits, write RURAL and give Yrs. (If rural, give location) Mos. in Baltimore Days COLOR OR RACE BIRTH II Under 1 Year AGE (In years If Under 24 Hours D. DIVORCED (Specify) last birthday) Months Days Hours Min. 11. BIR ACE (State or foreign country) 12. CITIZEN OF NOUSTRY MAIDEN NAME U. S. ARMED FORCES? 16. SOCIAL If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEAT AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. that I last saw the 1943 deccased alive on_ and that death occurred a from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED CREMA-BURIAL. LOCATION (City, town, or county) pecify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

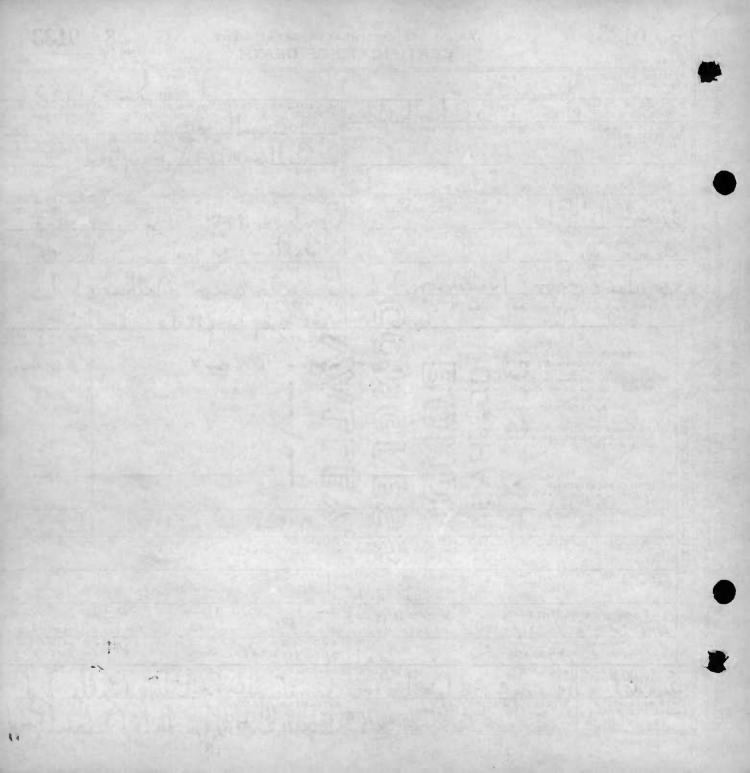
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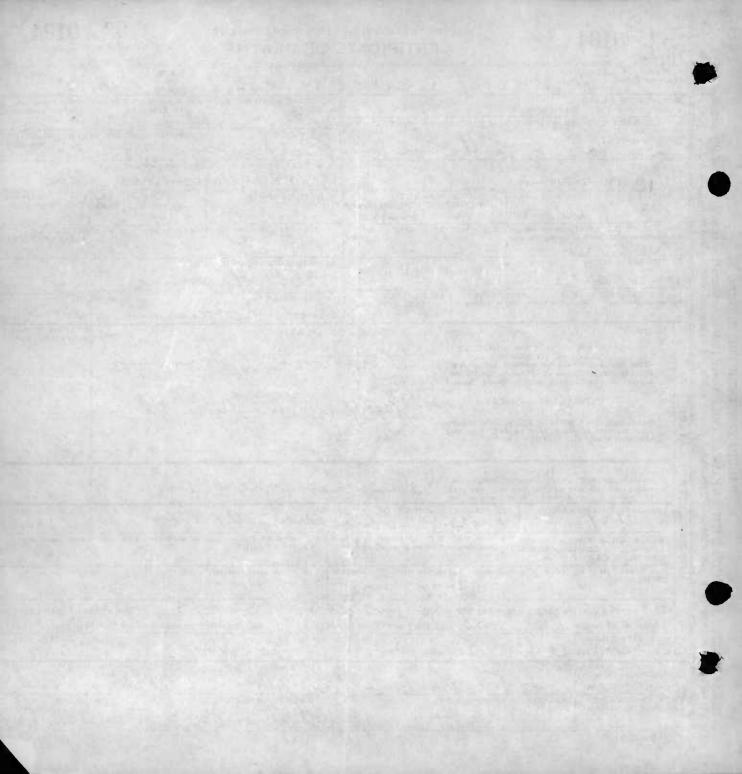


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ENJAMINI EINIG efully supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or LAND HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 36 E. NORTH AVE DALTIMONE DO STREET ADDRESS (If rural, give location) Yrs. Mos. LIFE c. Length of stay in Baltimore Dave E. NORTH should be 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) 5. SEX 8. DATE OF BIRTH 9. AGE (in years) It Under 1 Year last birthday) Months: Days Hours: Min. DEG. 25 1884 MHLE WHITE MARRIED clearly 10A, USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information FEEC + RIA N CO NITI BALTIMORE IMA death 14. MOTHER'S MAIDEN NAME KEINIG 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. causes -18-07-1705 331X 18. CAUSE OF DEATH INTERVAL BETWEEN item ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, write RESERVED Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS LY, WITH important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 1953 that I last saw the 1932 to 22. I hereby certify that I attended the deceased from_ 1953, and that death occurred at 5 3 Am., from the causes and on the date stated above, deccased alive on_ 234-NGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY ZAD. LOCATION (City, town, or county) 7 1953 BURIAL DEC PARIL VYOOD CEMETERY 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR untrustow" 701-03 PATTER SON PK AUD VS 150

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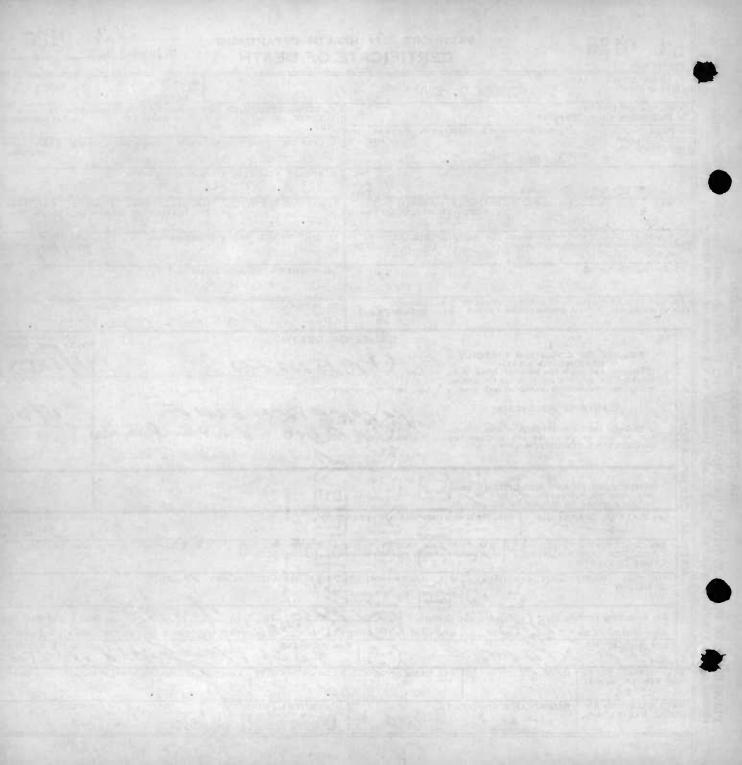
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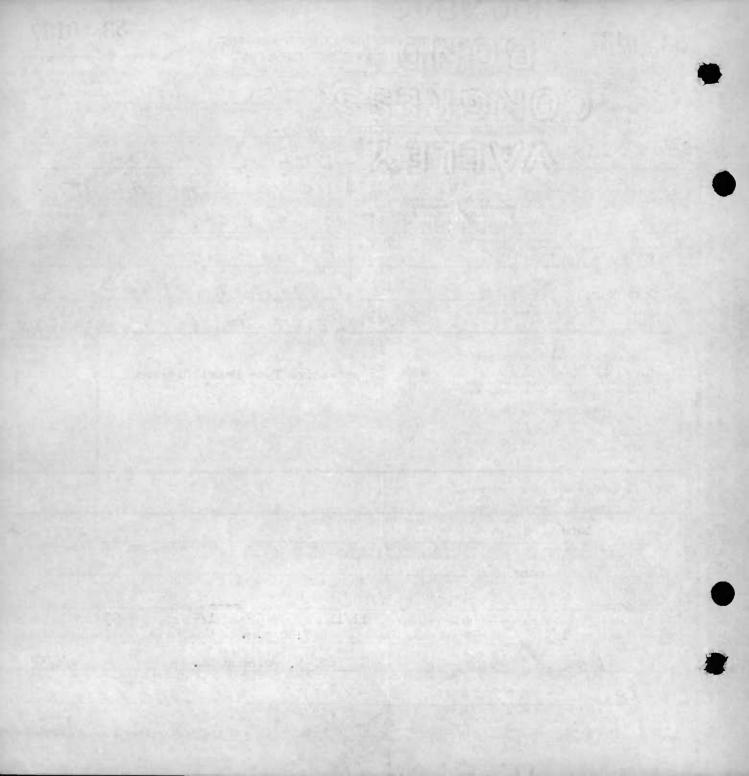


H-		60 CERTIFICATE CORRECTED	1-9-53						
9,1	1)	53 0135 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No-	0135				
.bd.	1. (T	NAME OF DECEASED JOSEPH EDWARD HOOVER		of Jan. 5	, 1953				
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and the second	E B	0136 BALTIMORE CITY HE CERTIFICATION	E OF DEATH Registered No.
d.		NAME OF DECEASED (Spe or Print) GEORGE G. RUHLAND	2. DATE OF Jan. 5, 1953
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
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uld be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 10 - 10 - 1890 9. AGE (In years) 10 - 10 - 1890 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) 10 - 10 - 1890 10 - 10 - 10 - 1890 10 - 10 - 10 - 1890 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	at I Year II Under 24 Homs B Days Hours Min.
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ITE esp		deceased alive on 1/5, 19 53, and that death occurred at 7:30 pame on the causes and on the	date stated above.
200	_	4A. BURIAL, CREMA- 24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or	1/6/52 county) (State)
PLEASE correct a	¥	4A. BURIAL, CREMA- ON, REMOVAL (Specify) 1-9-53 MT. CALVARY A.A. COUNTY,	M d
PLEAS correct	D.	OCAL REGISTRAR JULIANTON WILLIAMS MEDICAL BURGETOR A. 1304	n. Pahala
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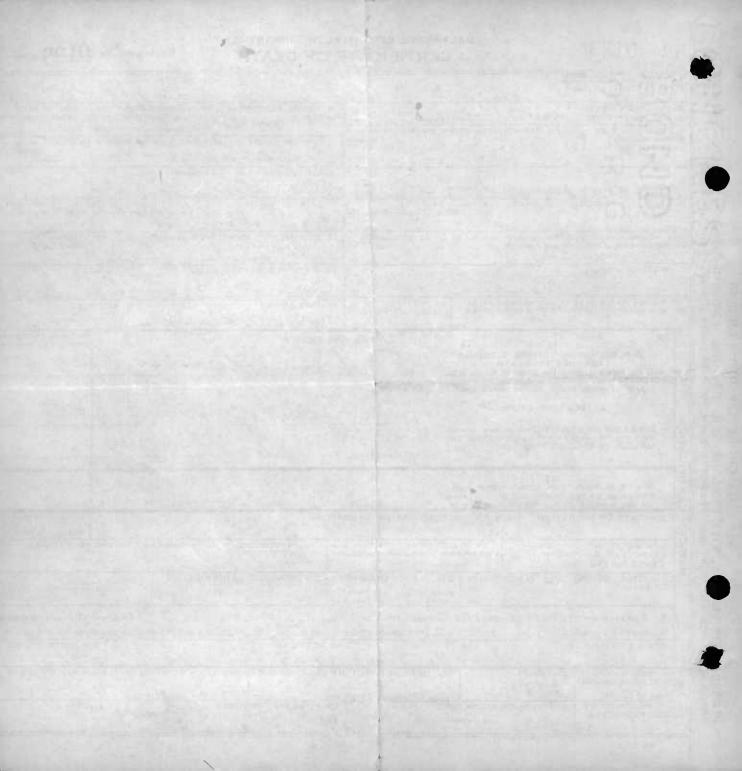


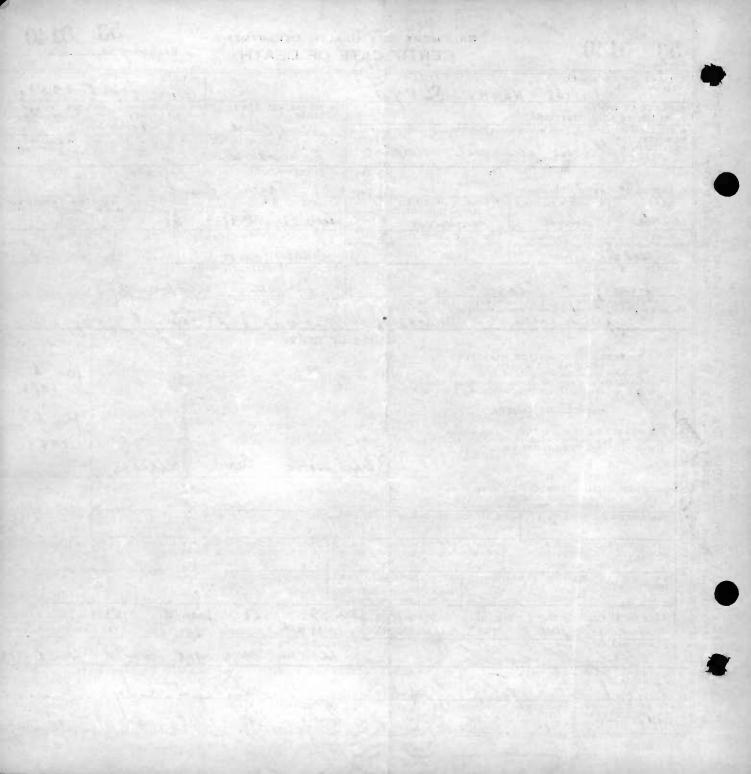
53 0138 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) William Francis Hill fully supplied. 1-4-53 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give USPHS Hospital INSTITUTION Baltimore, Md. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 131 E. West Street

9. AGE (In years | fi Under | Yeel | If Under 24 Hours | Months Days | Hours | Min. c. Length of stay in Baltimore Days information should be 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White June 23, 1888 64
11. BIRTHPLACE (State or foreign country) Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Deputy Sheriff County Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Hill Margaret Mulligan 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. causes Yes Records, USPHS Hospital, Balto. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Squamous cell carcinoma of pyriform Unknown (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, BUE TO sinus, right with metastases to injury or complication which caused death.) neck nodes ANTECEDENT CAUSES INK. (B) Aspiration pneumonia, bilateral 18 davs DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY LY, WITH important. 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE [22. I hereby certify that I attended the deceased from 12-7-52 _____, 19____, to 1-4-55 _____, 19____, that I last saw the deceased alive on 1-4-53, . 19 L, and that death occurred at 6 P m., from the causes and on the date stated above. 23A. SIGNATURE A. A STUNIE 23B. ADDRESS 23c. DATE SIGNED Dir. Clinical Dir. D. US PHS Hospital, Balto. 24A. BURIAL. CREMA-24s. NAME OF CEMETERY OR CREMATORY PLEASE correct a DATE RECEIVED BY RÉGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR un truston VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BRILLE BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH ully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) . (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) Mos. should be early and leg c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year last brthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s ousen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes 00 INTERVAL BETWEEN 18, y item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: pl 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID ' (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK , 1921, to_ 22. I hereby certify that I attended the deceased from - 100. . 19 2 that I last saw the 19 and that death occurred at 5 P. m. from the causes and on the date stated above. deceased alive on Flin) 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 24A. BURIAL, CREMA-TUON, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) PLEASE DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

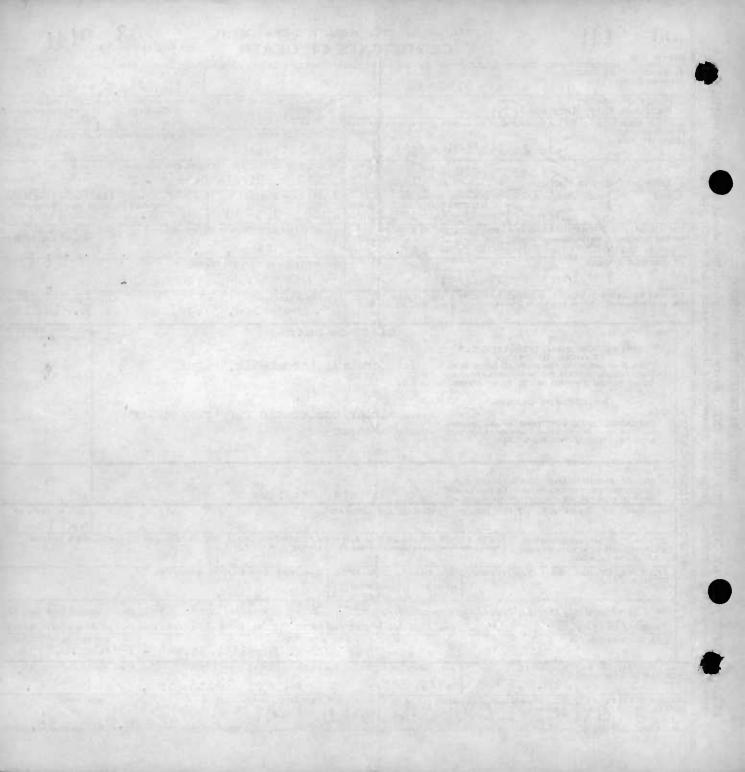




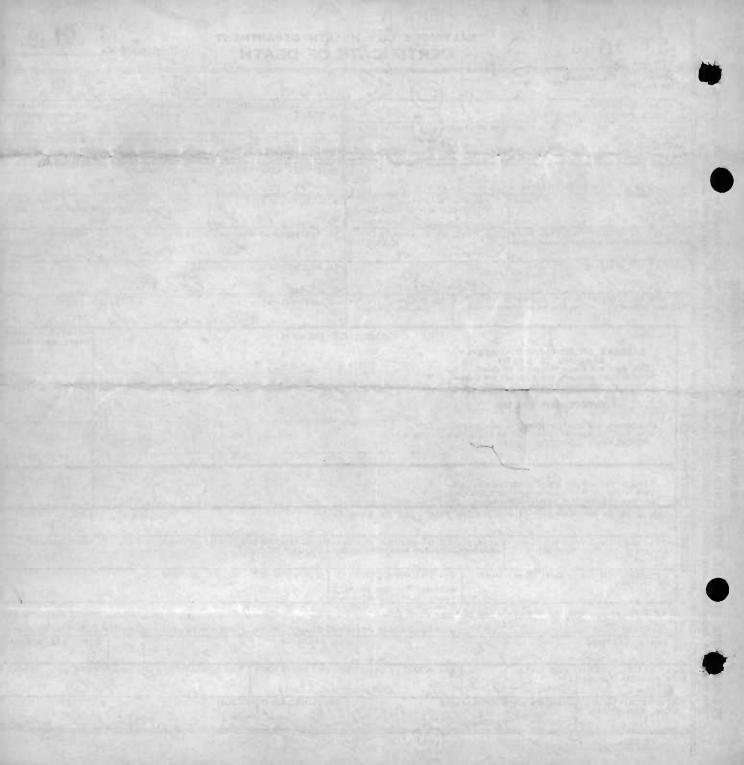
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anddi	A. Baltim	of DEATH ore City,	Maryland		4. USUAL RESIDENCE (V			
bly.	B. FULL N HOSPITAL INSTITUTI	OR		al or institution, give street address o location eph ¹ s Ho spital		outside corporate limits, v	vrite RURAL and give township)	
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and v	5. SEX Fema		White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	July 19, 1890		der I Year Hunder 24 Hours hs Days Hours Min.	
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cle	Hou	sework		Own home.	Baltimore , N		U.S.A.	
ath	George P. Fowler			777	14. MOTHER'S MAIDEN N	AME		
de	15 WAC DO				Mary J. McCuske			
causes of death cle	Yes, no or uni	inown) (If	R IN U, S. ARMED yea, give war or dates	16. SOCIAL SECURITY NO.	Mr. Thomas J. I	Digelman 613	E.Biddle	
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is especia	22. I I	hereby cer sed alive o	tify that I atte	ended the deceased from De, 19 53, and that death occu	c. 29 th 19 52to 3 rred at 12:20am., from t	Jan. 6th, 1953, the causes and on the	that I last saw the date stated above.	
-		IGNATURE			238. ADDRESS 1400 N. Caroline		Jan. 6, 1953	
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orrect is	24A. BUR TION, REMO Buria.	IAL, CREMA VAL (Specify	Jan. 9, 1		er Cemetery Bal	OCATION (Cily, town, or		

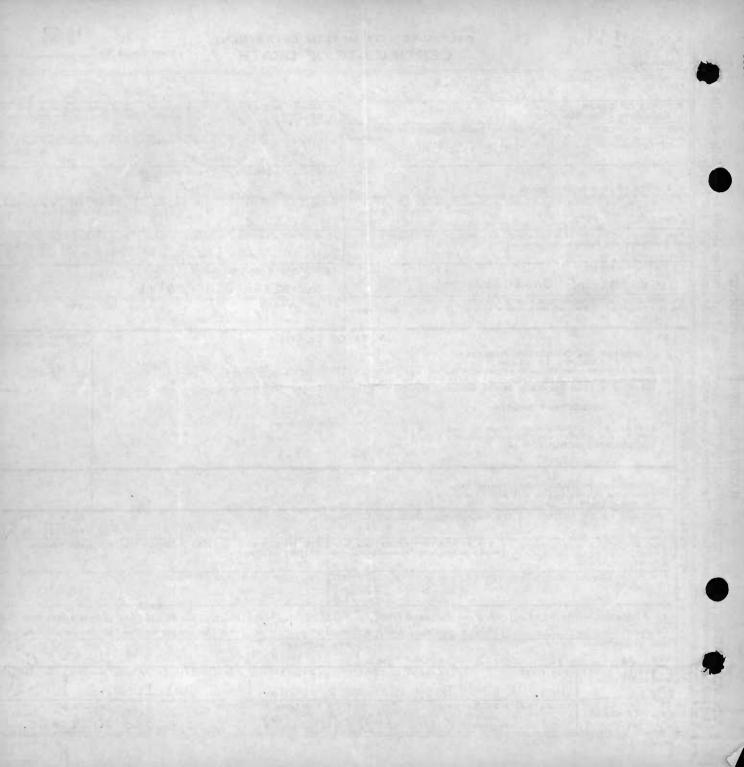


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he	ВІ	53 0142	BALTIMORE CITY HEALTH DE CERTIFICATE OF D		0142
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supplied	В.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or OSPITAL OR	institution, give street address or	RESIDENCE (Where deceased lived If is	before admission)
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		ity, Maryland			4. USUAL RESIDENCE (W	B. COUNTY		n : residence efore admission
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	Lever Ma		Railr	oad	Maryland			
13.	FATHER'S N	AME			14. MOTHER'S MAIDEN NA	AME		
	John M.				Frances Miller			
15.	WAS DECEASE	D EVER IN U. S. ARM (If yes, givo war or d	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	_			occommit no.	Mrs. Hazel L. M:	iller - 256	O Robb	St.
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	A. BURIAL, C N. REMOVAL (S) Burial	pecify) 7/8/53		Monkton M.		akton, Md.		, (23.00)

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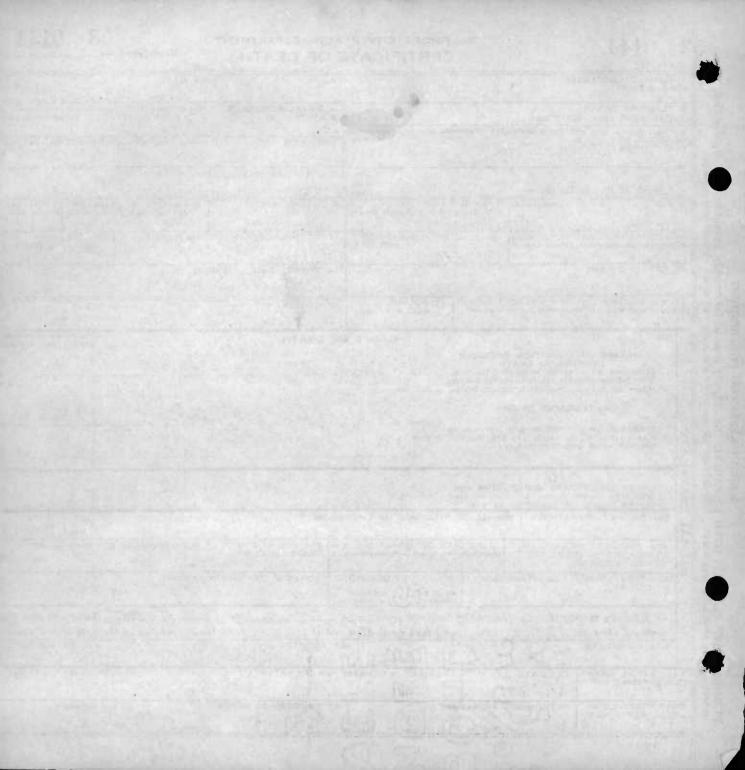
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PLA		OF INJURY	m. WHILE AT NOT WHILE		2	
TE		22. I hereby certify that I attended deceased alive on - 4-, 19. 23A. SUGATURE	5.3, and that death occur		e eauses and on the d	at I last saw thate stated above
	24	4A. BURNAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	leverell M.D.	4200 Parkeas	CATION (Ejty, town, or c	1/6/53
PLEASE correct ag	D	JAIV 7.176	S Mt Carm	25. FUNERAL DIRECTOR	muell It.	DRESS MIG.
A S	-	JAN 7 1953 Huntingto	Whiteabia, My	MENDELLSBip	PEL 312.5. Hag	kland an

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INTERVAL BETWEEN

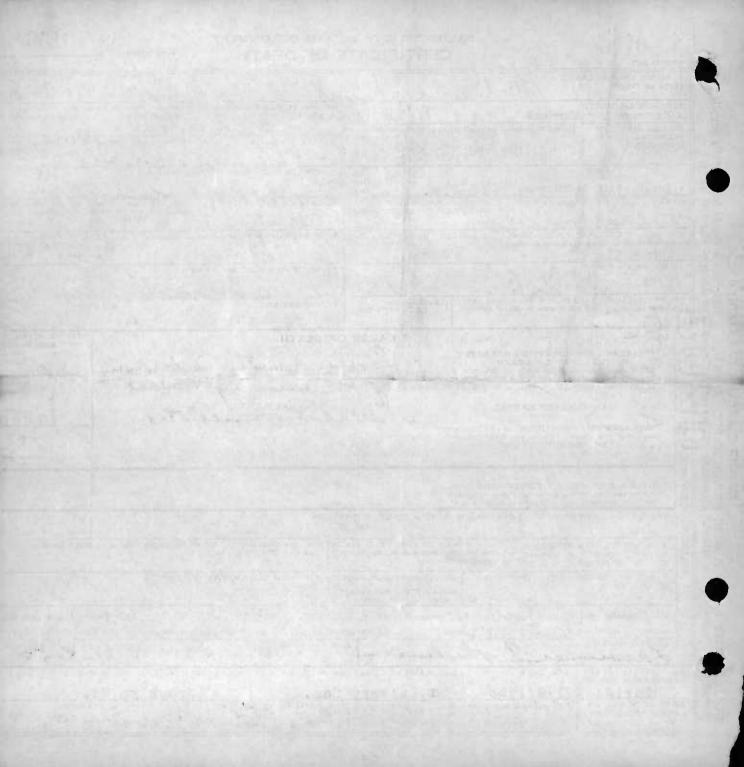
ONSET AND DEATH

20. AUTOPSY

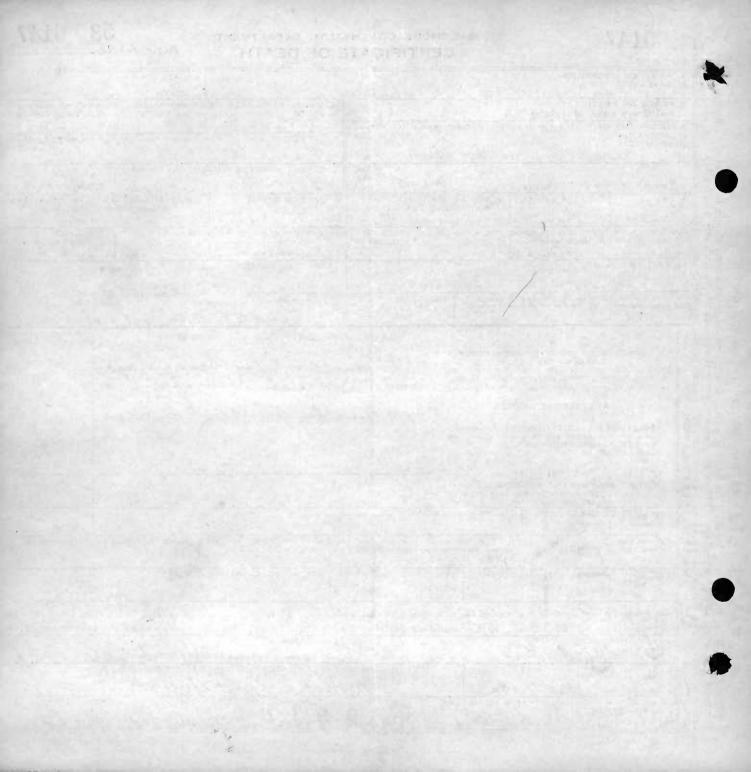
23c. DATE SIGNED

NO

YES



	1	562			
le le	3		EALTH DEPARTMENT E OF DEATH Registered No	3 0147	
	1.	NAME OF DECEASED ype or Print) MARGARETE EINARSSO	2. DATE OF DEATH (//	1/5-2	
oplie		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution: residence before admission	
efully supplied bly.	H	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)			
eful oly.	4	Union Memorial Hospital Yrs.	Baltimal D. STREET ADDRESS (If rural, give location)	Township	
legil	-	Length of stay in Baltimore 26 yrs. Bays	2827 Forest View avenue.	Balto, md	
uld b	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		hs Days Hours Min.	
ADING information should be efu-	work	W. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR INDUSTRY Whouse we free truckles	11. EURTHPLACE (State or foreign country) 1 Es thoria	2. CITIZEN OF WHAT COUNTRY	
atio	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
NG orm dea	4.00	ERNST SCHWARZENBERG	FROHLING		
BINDING of inform uses of dea	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? In no or oaknowo) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.		DRESS	
R BIN em of i		18. Hand CAUSE	PROF. STEFAN EINARSSON, 2827 tor OF DEATH	INTERVAL BETWEEN	
FO y it		DISEASE OR CONDITION DIRECTLY	A capular hemerhage	ONSET AND DEATH	
	7	injury or complication which caused death.) DUE TO NAME ANTECEDENT CAUSES	is clerate heart disease		
IN RESE NG INK. Is: please	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
MARGIN NFADIN nysicians:	RTIFIC	<u> (c) </u>			
MARGIN F UNFADING Physicians: p	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
hed	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?	
LY, WITH important.	EDIC	218. ACCIDENT. SUICIDE. HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., if about home, farm, factory, street, office bldg.,			
N A	M	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK			
RITE PL is especial		22. I hereby certify that I attended the deceased from		that I last saw th	
ITE esi		deceased alive on 1/7, 1953, and that death occu	rred at 2m., from the causes and on the	date stated above	
Si is		Wavely S. Freen, Dr. M.D.	Union menerial He sheter	1-7-53	
t a	710 TIC	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF GENETE	ount Dart Md.	r county) (State)	
PLEAS! correct	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE		ADDRESS Les P	
		VS 150	2. 1		
		0 7 3 /			



BALTIMORE CITY HEALTH DEPARTM

While at work?

Date signed.

OERIFICATE	OF DEATH
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address. A Hollow applie (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED: (a) State
3 (a) FULL NAME Magazet 2 oms 3 (b) If veteran, name war 3 (c) Social Security Account No. Z15-14-2836	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. 6 (b) Name of husband or wife Luxi N. Juma 6 (c) If alive, give age years	21. I certify that death occurred on the date above stated; that I attended deceased from 10/17 19.57, to 19.53, and that I last saw h. Calive on 19.53. Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) July 16, 1872 8. AGE: Years Months Days If less than one day hr	Due to astronasevlar Genal
9. Birthplace (Cown, county, and state) 10. Usual Occupation (11. Industry or business	Due to Benerally attended 532
12. Name lock Property 13. Birthplace Mary land 14. Maiden Name Harris Land 15. Birthplace Mary land	(Include pregnancy within 3 months of death) Date of operation. Major findings of operation: of autopsy: Underline the cause to which death should be charged statistically.
16 (a) Informant (b) Address 17 (a) (Burial, cremation, or removal) (c) Cemetery or crematory (month) (day) (year)	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide

is especially important. PLEASE WR correct age

Location.....

18 (a) Funeral director.

VS 3

item of information should be carefully supplied.

MARGIN RESERVED FOR BINDING

Every

UNFADING INK. Ever. Physicians: please write

the causes of death clearly and legibly.

AN 1953 (Date rec'd by registrar)

place?

23. Signature

(e) Means of invur

cify type of place)

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

N5.	350
1 1	BIRTH NO.
	1. NAME OF DE (Type or Print)
d.	3. PLACE OF DI

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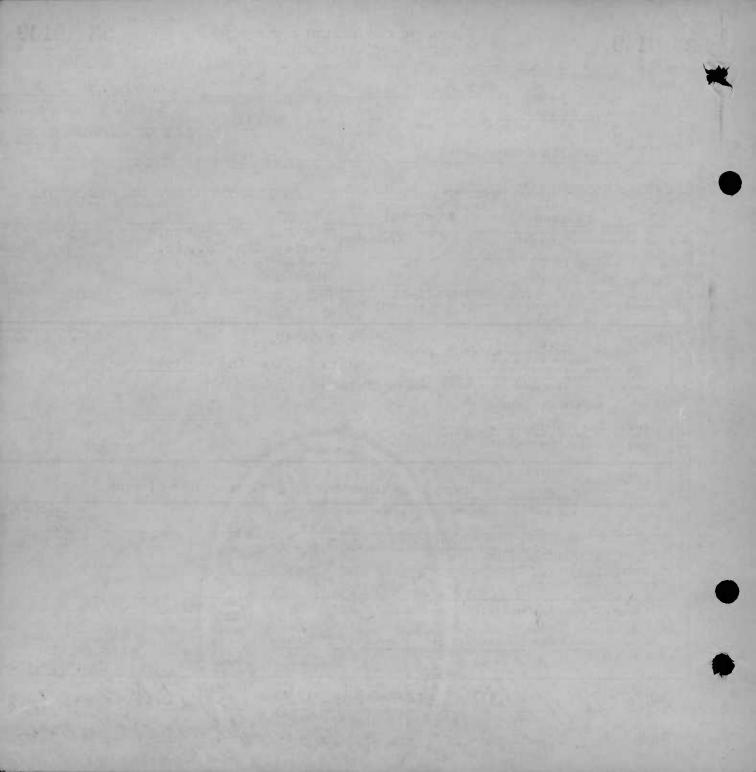
PLEASE

BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.			CERTIFICATI	OI DEATH	N.	19457		
1. NAME OF I	DECEASED				2. DATE OF			
(Type or Print)		HERMAN	LEE NEWTON	DEATH Jan. 0, 195				
a. Baltimore	City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. B. COUNTY	If institution: residence before admiss		
B. FULL NAME		al or instituti	on, give street address or location)	Virginia				
HOSPITAL OR INSTITUTION	- 131 0	** -			(If outside corporate lin	nits, write RURAL and towns		
	Franklin Squa	re Hosp		Oldhams	If moved give location	V-43		
			Yrs. Mos.	D. SIREEI ADDRESS (ii rurai, give location)			
5. SEX	stay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24		
			ED, DIVORCED (Specify) eparated	4/23/07	last birthday)	Months Days Hours 1		
Male	Colored	1	OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF		
ork done during mos	of working life, even if retired)		INDUSTRY	Westmoreland (WHAT COUNT		
Chauffe			TO 1.15	14. MOTHER'S MAIDEN				
Thomas N			TRUCKING	Mary Henry				
	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS		
(Yes, no or unknown	(If yes, give wer or date	s of eervice)	SECURITY NO.	17. INFORMANT		ADDRESS		
					100	INTERVAL BETV		
7 4	18. 45/X CAUSE OF DEATH							
DISEA	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Runture of dissecting aneurysm							
(This do	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
injury o	injury or complication which caused death.) -DUS-TO Of AOPTA							
	ANTECEDENT CAUSES							
Z DISEAS	DISEASES OR CONDITIONS, IF ANY, GIVING							
O RISE TO	THE ABOVE CAUSE (A)	STATING TH						
<	YING CONDITION L	A51.	(C)					
	i.							
OTHER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED Hypertensive cardiovascular disease							
TO THE	DISEASE OR CONDITION	CAUSING I	ſ			20. AUTOPS		
U 19A. DATE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							
Z ZIA EVTE	21A FXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give							
UNDERLYIN	21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If it Baidinger City, give exact location) UNDERLYING OR CONTRIB- lebout home, farm, factory, street, office bidg., etc.) INJURY OCCUR?							
	(Month) (Day) (Year		PHILE AT NOT WHILE	ED 21F. HOW DID INJU	IRY OCCUR?			
22 7 2004	m. WORK L. J AT WORK L. J							
	22. I certify that I took charge of the remains described above, held an autopsy ther							
the en	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the deand death in my opinion resulted from: natural causes X, accident □, suicide □, homicide □, under							
23A. SIGNA	23a. SIGNATURE Representation of the control of th							
24A. BURIAL. TION JEMOVAL	CREMA- 24B. DAVE	1	4c. NAME OF CEMETE			n, or county) (Sta		
Buti	al //1/	53	yerure	cem 5	Kan	amr,		
DATE RECEIV	TRAR REGISTRAR	SSIGNATIO	5 0 0 A	25 DIVERAL DIRECTO	001110	ADDA.SS		
JAN 7	1953 Thurtin	ston /	Micha M.D	The Una	Guel	XXIV 74		
V S 151		5	182000	ral	Oleman -	1/0-4		

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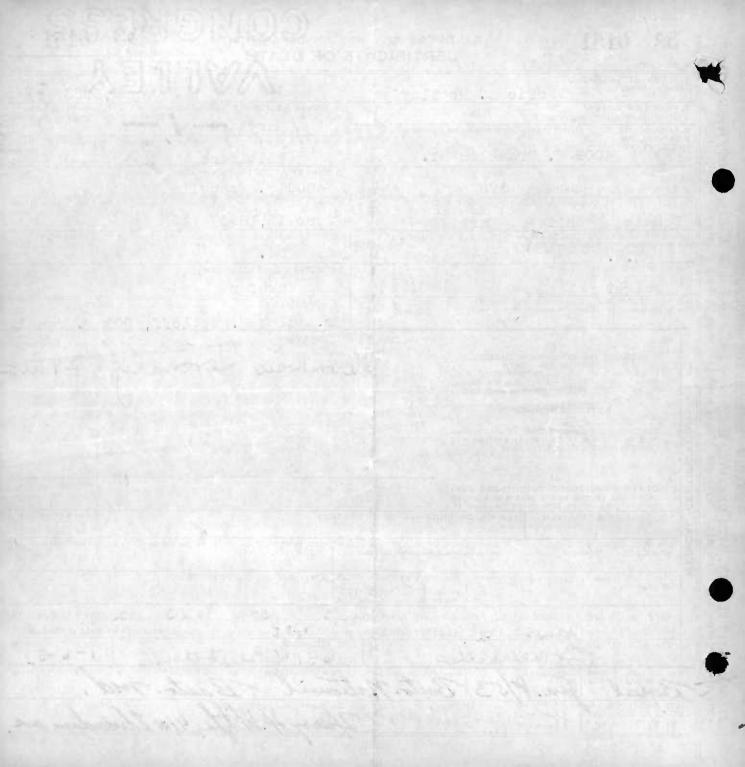
20. AUTOPSY (If in Baltimore City, give exact location) WORK AT WORK 22. I hereby certify that I attended the deceased from 11-17 , 1952, to 1-6, 1953, that I last saw the 1953, and that death occurred at 445 m., from the causes and on the date stated above. deceased alive on 1 - le 234 SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24B, DATE Burial 1-10-53 Gracelawn DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 'CcCrery. Albebt VS 150

before admission)

If Under 24 Hours

MARGIN RESERVED FOR BINDING

2.	CERTIFICA	TE OF DEATH Registered No.					
d. Tr	1. NAME OF DECEASED (Type or Print) Marie L. Rottloff	2. DATE OF DEATH Jan 5,1953					
pplie	S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY hefore admission)					
fully supplied by.	B. FULL NAME OF (If not in hospital or institution, give street address location in the state of	c. CITY OR TOWN (If outside corporate limits, write RVRA) and give Baltimore					
legroly.	c. Length of stay in Baltimore Life Da	4000 W Warning in 674					
and be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific Married)	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours					
information should be	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUST OWN Home	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
rmati	13. FATHER'S NAME Wright	14. MOTHER'S MAIDEN NAME Unknown					
f info	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	Mr.Adolph F.Rottloff.4009 W.Frankli					
Every item of ir write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Erombosis Coronary 24 his					
INK.	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	104 DATE OF OPERATION LION WATER FINDINGS OF OF						
LY, WITH	21a. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. about home, farm, factory, street, office bld						
	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUMENT WHILE AT WORK NOT WHAT WORK	LETT					
RITE PL	22. I hereby certify that I attended the deceased from 3, 1950, to 3, 1953 that I last saw the deceased alive on 5, 1953, and that death occurred at 130 7 m., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED M. D. 651 N Beutolou 23C. DATE SIGNED						
PLEASE correct a	24A. BURIAL. CREMA: 24B DATE 24C. NAME OF CEME TION SEMOVAL (Specify) Jan. 8/53 Balls. Ma	TERY OR CREMATORY 24D. LOCATION (City, town, or courty) (State) Batto. Ma. ADDRESS					
PL	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Huntington Visitation No.	Harry H. Wiffe, 4101 Edmandson on					



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

			1000	
Registere		01.	52	
DATE OF DEATH J8 deccased lived B. COUNTY	. If instit	ution : w		
ide corporate li	1	Auta	L and towns	giv
AGE (In years last birthday)	If Under	l Year il Days H	Under 24	Homs
n country)		CITIZEN		TRY

INTERVAL BETWEEN

20. AUTOPSY?

NO

		Bert	ie Son	n		DEATH J&	n. 6,1953	
	Baltimore C	EATH: City, Maryland	3	100	4. USUAL RESIDENCE A. STATE	(Where deceased lived B. COUNTY	. If institution : resident before admis	
	FULL NAME (OF (If not in hospit	al or institut	ion, give street address or location)			00	
	STITUTION	0.00			c. CITY OR TOWN	(If outside corporate li	mits write AUNAL and	
.0	20	230 S. L	oudon	Ave	Balto	. /-	lown	
				Yrs.	D. STREET ADDRESS	(If rural, give cation		
		tay in Baltimore	Life	Mos. Days	230 S. Loud	on Ave.		
5.	. SEX	6. COLOR OR RACE		E. MARRIED, ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under Year It Under 24 Months; Days Hours:	
F	emale	White		ried	April 3.189		Months Days Hours	
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF	
WOL	k done during most o	f working life, even if retired)	Own	Home INDUSTRY	Md.		WHAT COUN	
13	B. FATHER'S N	IAME	OWII .	TI OUIG	14. MOTHER'S MAIDEN	NAME		
						TYPINE.		
1.0	E WAS DESCRIBE	Rau			Unknown			
(Ye	s, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
					Mr Louis Soh	n. 230 S.	Loudon Ave	
	(This does heart failu	SE OR CONDITION LEADING TO DEA not mean the mode or re, asthenia, etc. It mea complication which	TH of dying, e. a ns the diseas	CAUSE (A) AM e, DUE TO	of DEATH potrophy ellevois	i Latina	CONSET AND D	
		ANTECEDENT CAUS	ES	THE RESERVE TO A				
Z				(B)				
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
1		11		_(C)		***************************************		
CERT	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
AL	19A. DATE O	F OPERATION 0	98. MAJOR	FINDINGS OF OPER	RATION		YES NO	
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, about home, farm, factory, street, office bldg., etc.)								
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								

UNFADING INK. Physicians: please WITH

MARGIN RESERVED FOR BINDING

RITE PL PLEASE

22. I hereby certify that I attended the deceased from

and that death occurred at 10 45 A., from the causes and on the date stated above. 3432

23c, DATE SIGNED

that I last saw the

24c. NAME OF CEMETERY OR CREMATORY

24b. LOCATION (City, town, or county) Balto.

DATE RECEIVED BY LOCAL REGISTRAR 1003

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

deceased alive on

234 SIGNATURE

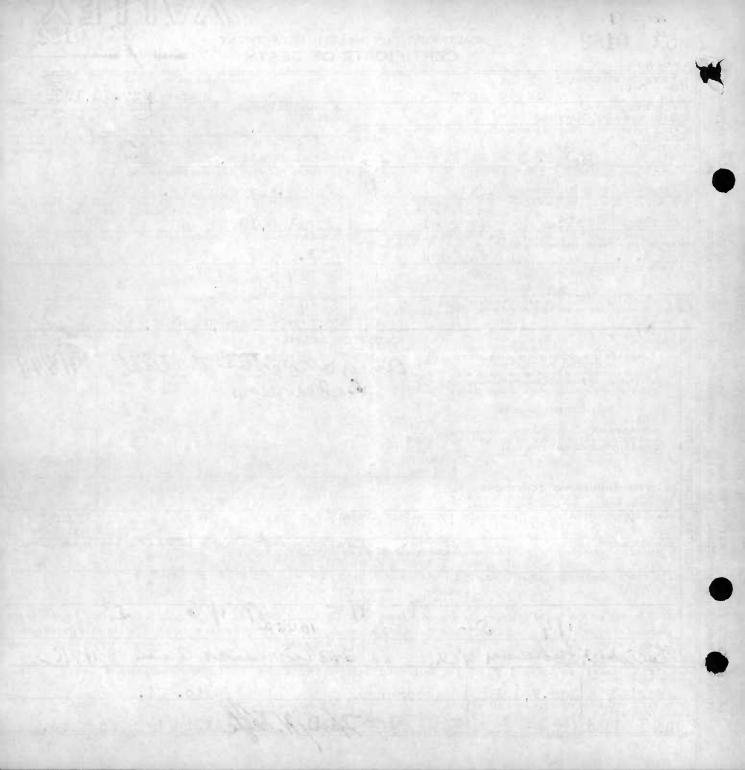
1953 REGISTRÁR'S SIGNATURE

24B. DATE

Jan.9.

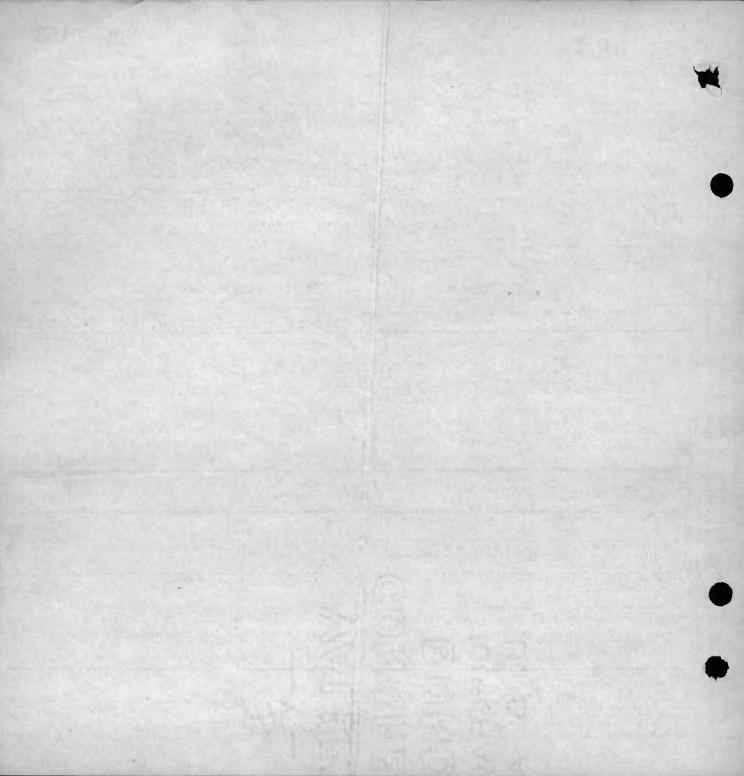
ADDRESS

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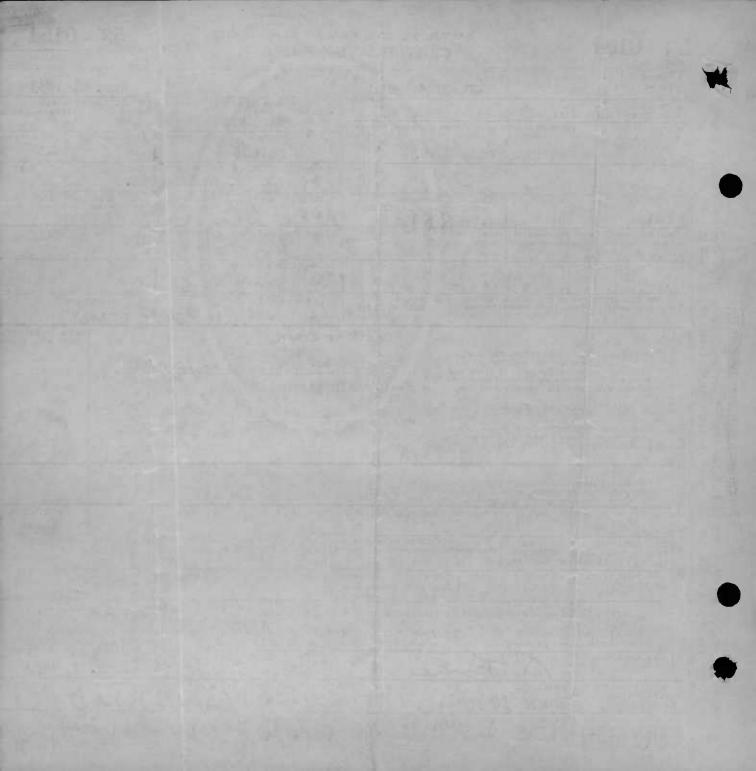


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 7 A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street affiress or HOSPITAL OR location) , (If outside corporate hmits. INSTITUTION (If rural, give locati Yrs. Mos c. Length of stay in Baltimore Days 5. SEX SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE BIRTH AGE (In years) If linder 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min information shoul widome 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ElizabethSawers Wm. G. Bruce 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. item of in Hifford Howard Bruce. 1937 W. Lombard INTERVAL BETWEEN 18. CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH LY, WITH important. (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED | 21s. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK fan. 192% to_ dr. 6 . 195 that I last saw the 22. I hereby certify that I attended the deceased from_ and that death occurred atlaige Im., from the causes and on the date stated above. deceased alive on Jan. 6 1953 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Meadowridge Dorsey DATE RECEIVED BY ADDRESS LOCAL REGISTRAR Edmondson

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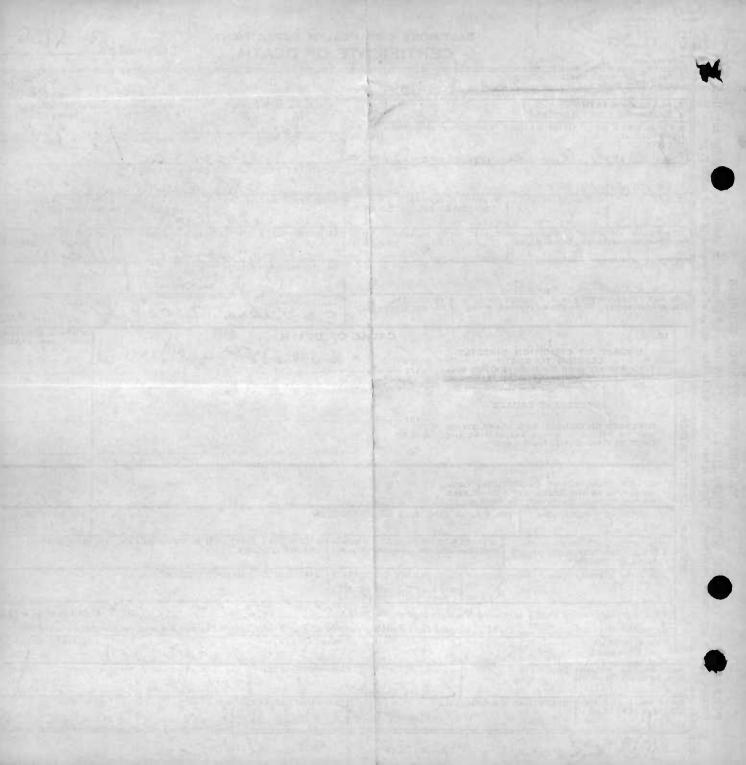
BIRTH NO.	154		EALTH DEPARTMENT E OF DEATH	Registere	53 <u>0154</u>		
1. NAME OF (Type or Prin	f DECEASED	GEORGE M KING		2. DATE OF DEATH	Jan. 6, 1953		
B. FULL NA	e City, Maryland ME OF (If not in hospita	al or institution, give street address or		B. COUNTY	befor admission		
HOSPITAL C INSTITUTIO	N	ocation)	Baltimore D. STREET ADDRESS (I	1	mits, while RVRAL and gi- townshi		
c. Length	of stay in Baltimore	23 Yrs. Mos. Days	1002 S. C	onkling St.	,		
	6. COLOR OR RACE White OCCUPATION (Give kind of most of granking life, even if retired)	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARK E (Specify) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN				
13. FATHER	SNAME	- Sen	14. MOTHER'S MAIDEN N	0 0 -	1 0.5, 1		
15 WAS DEC	HAEL K	FORCES? I 16. SOCIAL	SUSIAN	POPSO	*		
(Yes, oo or uoko			MARY (KING	23042Ba	STONST'		
(This heart injury	SEASE OR CONDITION LEADING TO DEA' does not mean the mode of failure, asthenia, etc. It mea or complication which of ANTECEDENT CAUS ASES OR CONDITIONS, IN TO THE ABOVE CAUSE (A) ERLYING CONDITION LA	DIRECTLY TH of dying, e.g., ins the disease, caused death.) DUE TO Chron SES (B) STATING THE DUE TO (C)	of DEATH infiltration of l ic alcoholism		ONSET AND DEA		
C TRIBU	R SIGNIFICANT CONDITING TO THE OEATH, BUT IE DISEASE OR CONDITION	NOT RELATED Chroni.	c bronchial asthm	ıa			
TO TH	TE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSÝ?		
				(If in Baltimore Cit	y, give exact location)		
U 19A. DAT	ERNAL CAUSE WAS YING OR CONTRIB- CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		(11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
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U 19A. DAT V 21A. EXT UNDERL UTING E 21D. TIM OF INJU 22. I ce the	YING OR CONTRIB- CAUSE OF DEATH. IE (Month) (Day) (Year) Pertify that I took char evidence obtained by	(Hour) 2.1E. INJURY OCCURR WHILE AT NOT WHILE	above, held an parti	al autopsy Inspection or Inquideceased died on	iry the day stated abou], undetermined [].		
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U 19A. DAT U 21A. EXT UNDERL UTING E 21D. TIM OF INJU 22. I ce the and	YING OR CONTRIB- CAUSE OF DEATH. IE (Month) (Day) (Year) Pertify that I took char evidence obtained by I death in my opinion ENATURE IL. CREMA-1 244 DAYE	about home, farm, factory, atreet, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK The of the remains described to said Autopsy, Inspection or resulted from: natural cause	above, held an partial Autopsy, Inquiry, find that said as X, accident , suicide ASSISTANT MEDICAL ASSISTANT MEDICAL AND MEDICAL INVESTIGA	al autopsy Inspection or Inquideceased died on	the day stated about indicated in the day stated about indicates in the state of the state in th		



Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH . 3. PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution: residence efully suppli A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporale limit, write R) RAL and give C. CITY OR TOWN INSTITUTION township! Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) It nder 1 Year AGE (In years) Il Under 24 Hours last birthday) Months: Days Hours: Min. plnods information shouse of death clearly 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNT dounewa Baltimore, Md 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. SARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO em of i une 18. CAUSE OF DEATH 477.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL important. NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE , 1953, to Jan 6 _, 19.53, that I last saw the 22. I hereby certify that I attended the deceased from Jan. . 1953. and that death occurred at 12:57m., from the causes and on the date stated above. deceased alive on Jan. 6 23A. SIGNATURE 23c. DATE SIGNED d. Sewel 24A. BURIAL CREMA 24c. NAME OF CEMETERY OR CREMATORY EDEEMER DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered I CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where decessed lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STAT before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR FOWN (If outside corporate lim? township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days information should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under I Year last birthday) | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY war 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. INTERVAL 1B. CAUSE OF DEATH 442× DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY LY, WITH important. 21B. PLACE OF INJURY (e. g., In or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK AT WORK 193 to 1-15 183, that I last saw the 22. I hereby certify that I attended the deceased from 1-1and that death occurred at \ 30 Cm., from the cayses and on the date stated above. deceased alive on. _. 19_ 23A. SAMMTURE 23c. DATE SIGNED 24A. BURIAL, CREMY TION, REMOVAL (Specify) 24c. NAME OF CEMETERY DR CREMATORY 24B, DATE 2 LOCATION (City, Jown, or county) (State) kruria DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR 661W-12



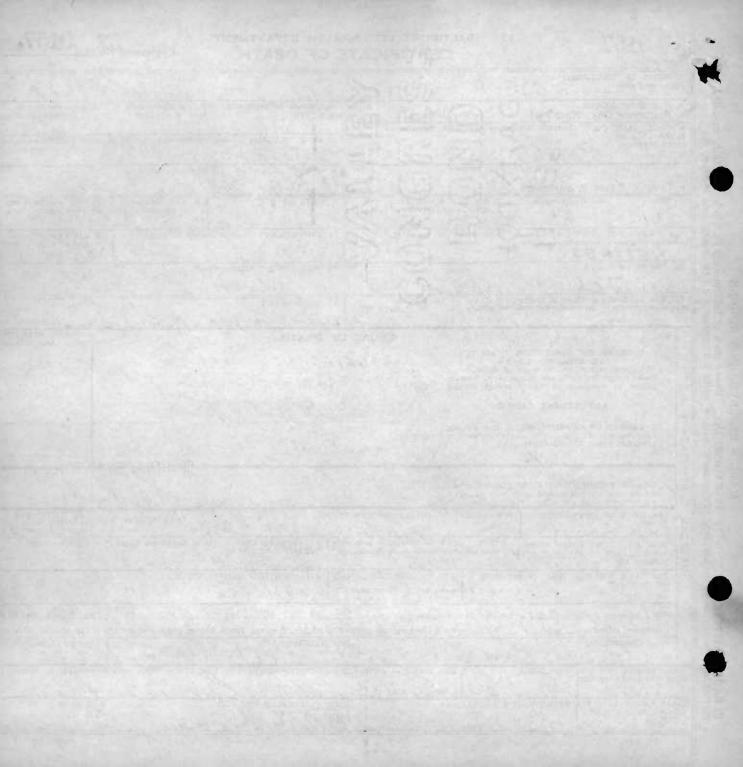
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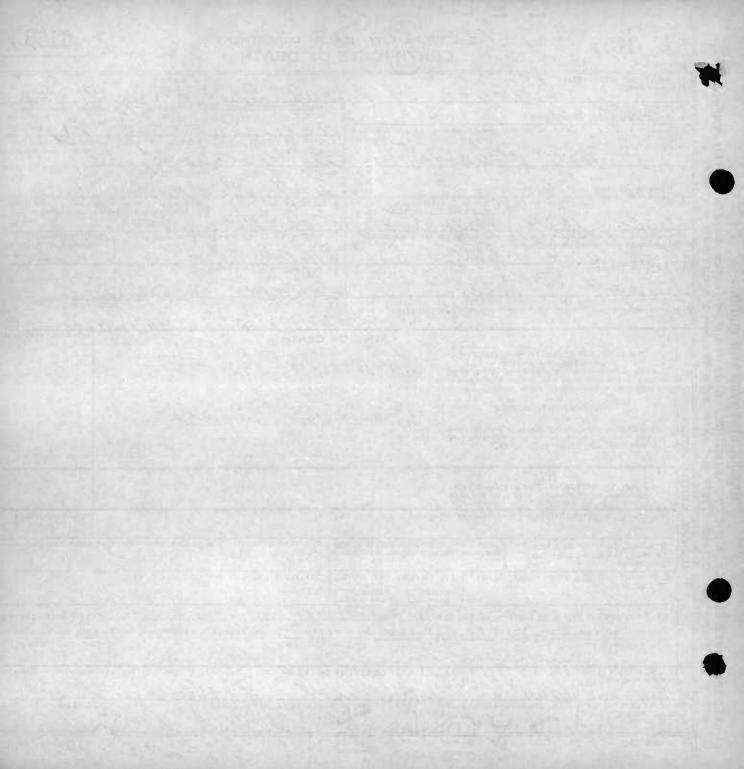
BALTIMORE CITY HEALTH DEPARTMENT

0157 Registered No.

4	В	IRTH NO.	- OI DEATH
ed.	(T	Type or Print) JOSEPH ALBERT	SR. 2. DATE OF DEATH JAN 4/53
suppli	Α.	PLACE OF DEATH: Baltimore City, Maryland BALTIMORE FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
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gibly.	-	45 YEARS - Yrs. Mos.	D. STREET ADDRESS (If rural, give leation)
be leg	-	Length of stay in Baltimore Days SEX [6.COLOR OR RACE 7. SINGLE, MARRIED.]	8. DATE OF BURTH 9. AGE (In years) If Under 24 Hours
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matic	13	ANATOCEPH AIDECHA	14. MOTHER'S MAIDEN NAME 7 DECID.
information s of death cle	15 (Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 16. SOCIAL 16. SECURITY NO.	17. INFORMANT ADDRESS
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Every write th		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	PACHNOID HEMORRITE 3 WEEKS
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INK. please	TION	DISEASES OR CONDITIONS, IF ANY, GIVING DISEASES OR CONDITIONS, IF ANY, GIVING DISEASES OR CONDITIONS, IF ANY, GIVING THE DISEASES OR CONDITIONS, IF ANY, G	E1156-
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A D icia	TIF		CERTIFICATION APPROVED BY
UNFADING Physicians:	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Miskey
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S es			red at // if 5 m., from the causes and on the date stated above. 38. ADDRESS P. 23c. DATE/SIGNED
		Cauptaning M.D. S	BT. AGNES MOSPITAL 114/5°
ASE set a	TIS	AA) BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLE	D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS

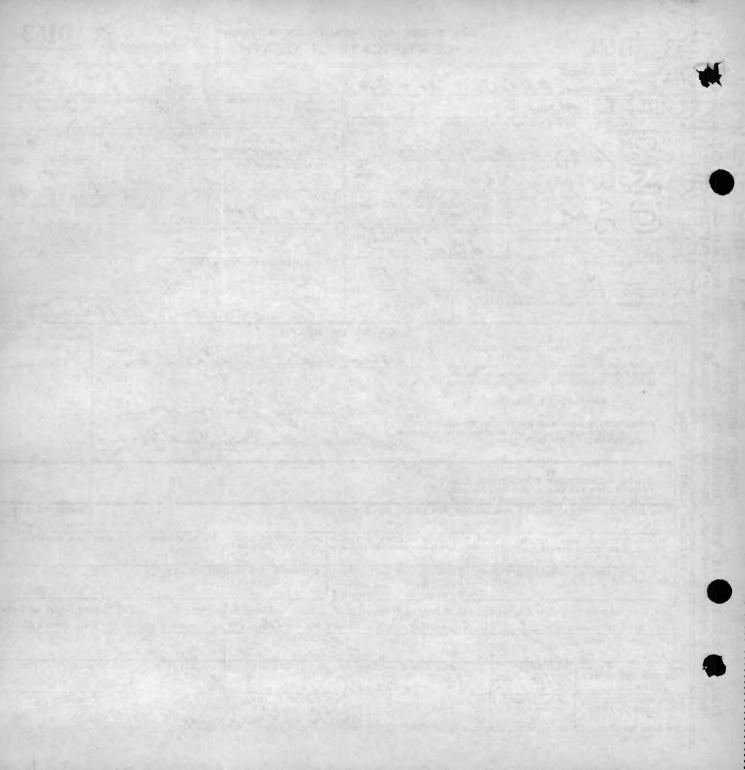


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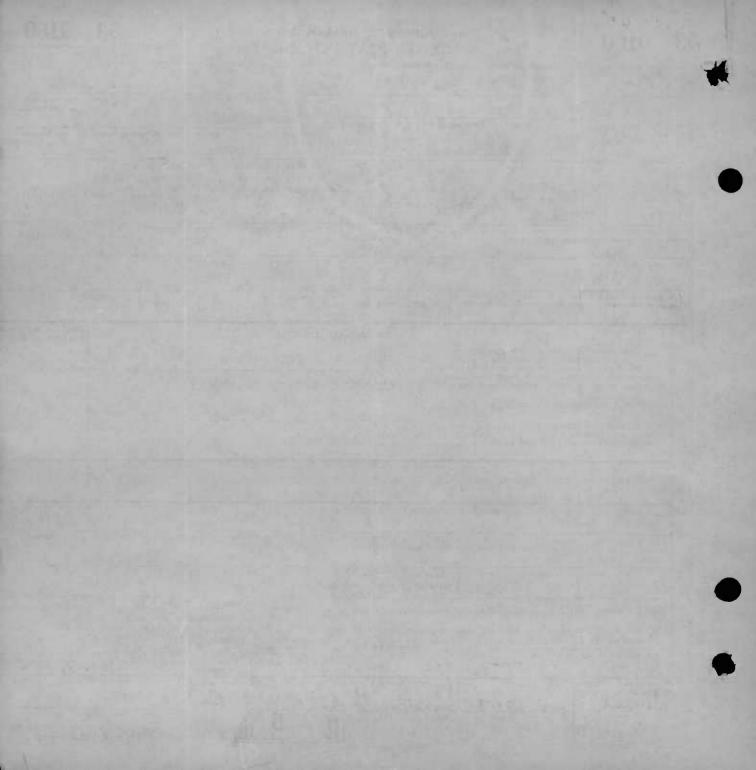


W	5	0 0450	RE CITY HEALTH DEPARTMENT TIFICATE OF DEATH	Registered 53 0159			
	1.	NAME OF DECEASED (Type or Print) GEORGE W	HITNEY	2. DATE OF 1/5/53			
supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	Where deceased lived, If institution: residence B. OUNTY before admission			
Ily	H	FULL NAME OF (If not in hospital or institution, give OSPITAL OR NSTITUTION	location) C. CITY OR TOWN	f outside corporate limits, write RURAL and give township			
egibly.	300	Length of stay in Baltimore 30	Yrs. D. STREET ADDRESS (I	(rural, give location)			
and b.	-	SEX 6. COLOR OR RACE 7. SINGLE, MARR WIDOWED, DIV	IED. 8. DATE OF BIRTH	9. AGE (In years of Under I Year last birthday) Months Days Hours Min.			
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of info	15 (Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES? (If yes, give war or detee of service) SE	tome of Hospital				
item ne cau		18. 470.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	INTERVAL BETWEEN			
Every write th		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
INK.	ATION	ANTECEDENT CAUSES (DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DU UNDERLYING CONDITION LAST.	B, Cornary The	Hent Slime			
UNFADING Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
н	AL		NGS OF OPERATION	20. AUTOPSY?			
.00	MEDIC		INJURY (e. g., in or 21c. WHERE DID 1NJURY OCCUR?	(If in Baltimore City, give exact location)			
any imp	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJ OF INJURY WHILE AT WORK	URY OCCURRED 21F. HOW DID INJUR	Y OCCUR?			
TE Pi especia			t death occurred at 12:45 Am., from	the causes and on the date stated above			
RITE is esp		23A SIGNATURE T. Vauser	M. D. ADDRESS	Affinited 23c. DATE SIGNED			
PLEAS:		ATE RECEIVED BY REGISTRAR'S SIGNATURE	ME OF CEMETERY OF CREMATORY 240. I	Balls Mul ADDRESS			
PL	L	OCAL REGISTRAR 195 Hurtington Hillis	W. M. Melle Linell	Home 2112 Dundalle			
		VS 150	69074				

MARGIN RESERVED FOR BINDING



A a	5	50		BAL	TIMORE CI	ITY HE	ALTH DEPARTI	MENT		53	0160
11	BI	RTH NO.	,		CERTIFI	CATE	OF DEATH	-1	Registered	1 No. / 9	5-2
M		NAVE OF D	eceased John	CARL	AREN	Z		2	DATE OF JAY	1. 7, 1	952
pplied	Α.	PLACE OF D Baltimore (EATH: City, Maryland	l or institut			4. USUAL RESIDE A. STATE Mary		e deceased lived. B. COUNTY		n : residence fore admission
IDING information should be carefully supplied of death clearly and legibly.		OSPITAL OR ISTITUTION	Univers	ity Ho		location)		imore	side corporate li	VI	URAL and give township
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ration ath cle	13	FATHER'S		Bearin	o Equip	MT IM	14. MOTHER'S MA Lillian Ha				
BINDING of inform uses of dea	15 (Ye	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURIT	Y NO.	17. INFORMANT Mrs Margare	et Aren	z 907 Nor	ADDRESS th Hill	
FOR the cau		(This doe heart fail	SE OR CONDITION LEADING TO DEA's not mean the mode cure, asthenia, etc. It mea complication which complication which complication which complication causes	FH f dying, e. ns the diseas aused deatl	g., (A)	yocar	of DEATH dial infarct ry artery sc	***************************************			EVAL BETWEE
ARGIN RESERVED FADING INK. Even sicians; please write	RTIFICATION	RISE TO 1	S OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA	STATING T							
MARGIN UNFADING Physicians:	Ш	TRIBUTING	SIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	EO IT						***************************************
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, WITH	EDIC	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		ACE OF INJUR farm, factory, street,				Dailimore Ore	y, give exac	o location)
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F PLA			fy that I took char idence obtained by					Autopsy, Insp	ection or inqui	ry	on and from $stated$ above
ZITE is esp		and de	eath in my opinion	resulted ;	from: natura	l causes		suicide [],	homicide [, undetern	nined □.
SE age	24 TIC	4A. BURIAL.	CREMA- 24B. DATE	10	24C. NAME OF	-	.D. ASSISTANT ME MEDICAL INVE	ESTIGATOR	ATION (City, to	Jan. 7	, 1952 y) (State)
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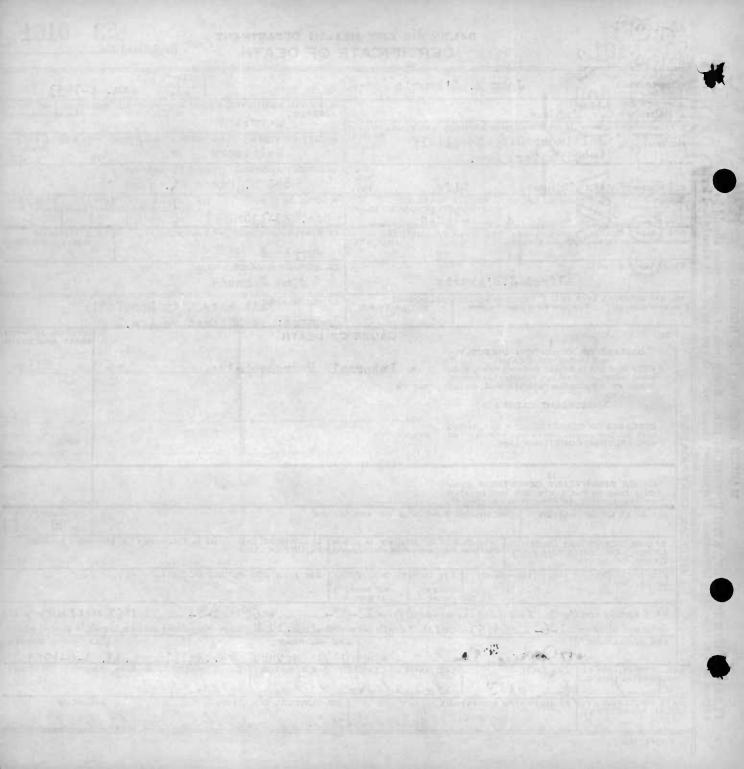
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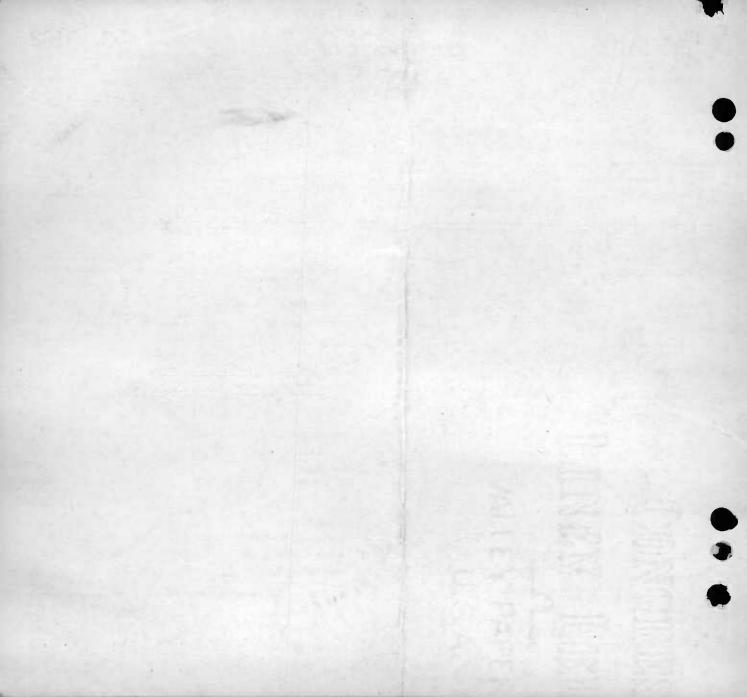
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 0161
Registered No.

BIRTH NO.	Man Call Hollan		OLIVIII IOAT	E OF BEATTI		
1. NAME OF DECEASED (Type or Print) John R. D'Amario						. 6–1953
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.				4. USUAL RESIDENCE (Where deceased lived. If institution presidence B. COUNTY before admission Maryland C. CITY OR TOWN (If outside comprare limits, write RERAL and give Baltinore)		
c. Length of stay in Baltimore Life Yrs. Mos. Days				b. STREET ADDRESS (If rural, give location) 641 S. Macon St. zone 24		
5. SEX	6. COLOR OR RACE	7 SINGLE	MARRIED, ED, DIVORCED (Specify)	9 DATE OF BIRTH	9. AGE (In years)	Under I Year If Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alfred J.D'Amario				14. MOTHER'S MAIDEN NAME Elma Johnson		
(Yes, no or unkno	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMASAILTIMORE City Hospit Records: 1940 Fastern Ave.					
Z DISEA RISE TO UNDER UN	EASE OR CONDITION LEADING TO DEAT Joes not mean the mode of nilure, asthenia, etc. It mea or complication which c ANTECEDENT CAUS SES OR CONDITIONS, IF OF THE ABOVE CAUSE (A) RLYING CONDITION LA II R SIGNIFICANT CONDITIONS TO THE DEATH, BUT	ITH If dying, e. g ns the discase caused death. SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	al Hydrocephalus		ONSET AND DEATH
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
Z1A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH Z1D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK AT WORK AT WORK Z1C. WHERE DID (If in Baltimore City, give look) INJURY OCCUR? Z1C. WHERE DID (If in Baltimore City, give look) INJURY OCCUR?						
	CREMA- 244 DATE (Specify) VED BY REGISTRAR	ended the, 19 53 , c	deceased from 12-2 and that death occur M.D. 1 24C. NAME OF CEMETE	red at 6.30AM, from to 13B. ADDRESS 4940 Eastern Ave. RY OR CREMATORY 24D. L	Baltimore Mo	23c, DATE SIGNED



CITY MARYLAND STATE DEPARTMENT OF HEALTH, 120.0 2411 N. Charles St., Baltimore 53 0162 CERTIFICATE OF DEATH I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County _ State Maryland County Carroll (If outside city or town limits, write RURAL NEAR and give town) City or town Finksburg Ward No. (11 outside city or town limits, write RURAL NEAR and give town) Street address, bosnital, or Institution: Mercy Hospital Rolling Acres Farm (If rural give LOCATION) Stay in hospital or inst. (yrs., or mos., or days) no 2(a) IF VETERAN, NAME WAR ____ Slay in this community (yrs., or mos., or days) 3. (a) FULL NAME 3. (b) Social Security Number Robertson T. Tunstall none 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION white married male 20. DATE OF DEATH January 6. 153 at 1 M 6 (b) Name of XXXXXX or wife Alice Bateson 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 51 to January 19 5 3. ______6(c) It alive, give age _______years and that lest sawh im alive on January 1st 19 53 March 22, 1885 Immediate case of death Coronary Thrombosils deceased (mo., day, yr.) Every 8. AGE: It less than one day please Norfolk, Virginia
(Town, county, and state) Que to Arteriosclerotic aht. heart disease, Chief Underwriter 10. Usual occupation ... hypertension Federal Housing Adm. 11. Industry or business 12. Name ____ William B. Tunstall Other conditions Emphysema of lungs. chron. bronchitis
(Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name Elenore Turner PHYSICIAN Major findings: Of operations the cause to whic death should be 18. Informant Mr. William B. Tunstall charged statisti-Address 5503 Leith Road 22. VIOLENCE: If death was due to external causes, fill in the following: Oale thereof 1/8/53 (month) (day) (year) burial 17. DUF18.1
(Burial, cremation, or removal, Which?) Accident, suicide, or homicide ______ Cemetery or cremalory Druid Ridge Cemetery Where did Injury occur? ____ (City or town) (County) (State) Pikesville, Maryland Injured al home, tarm, industry, public place (where?) ______ Injured al work? 18. Funeral director Wm. Gook, Inc. Means of Injury Address 1217 St. Paul Street Address Reisterstown, Md. Date signed 1-6-53 Registrar



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before admission)

20, AUTOPSY

YES

township)

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17	(BALTIMORE CITY HE	EALTH DEPARTMENT 50	0164
Ne V) [CERTIFICATE		OTOH
	1.	NAME OF DECEASED Type or Print)	2. DATE	- / 10- 3
lied	3	PLACE OF DEATH:	DEATH JAKOB 4. USUAL RESIDENCE (Where deceased lived, if inst	RY 6, 1953
supplied	Α.	Baltimore City, Maryland	A. STATE B. COUNTY	before admission
Su	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits w	
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leg		Length of stay in Baltimore Days	2114 MARYLAND AUE	
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mateati		01.54.00	- MOTHER & MAIDEN NAME	
for	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADD	RESS
in se	(Ye	se, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	FREDERICK R. HOLLOWAY 1637	
Every item of information should be write the causes of death clearly and		18. (F) / CAUSE (OF DEATH	INTERVAL BETWEE
iter ie ca		DISEASE OR CONDITION DIRECTLY		ONSET AND OEAT
ry th		LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,	SPATIC COMA	40 hours
Ever		injury or complication which caused death.) OUE TO		
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INK.	NO	DISEASES OR CONDITIONS, IF ANY, GIVING	RTAL CIRRHOSIS	reary
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NI Shy	CEF	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
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TE Pesses		deceased alive on Jan. 6, 1953, and that death occur	red at 9:30 Pm., from the causes and on the	nai 1 iast saw ii date stated abov
RITE is espe				3c. DATE SIGNED
		4A. BURIAL, CREMA-1 (24B. DATE 124C. NAME OF CEMETE)	Mercy Hospital	Jan 6, 1953
C 23	TI	ON, REMOVAL (Specify)		dounty) (State)
PLEAS:		BURIAL 1/9/53 LOUDON A ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AS	ODRESS
PI		OCAL REGISTRAR	Wm. Cook, INC. 1217 ST. P.	21/57
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information should be of death clearly and Every item write the cau UNFADING Physicians: p WITH RITE

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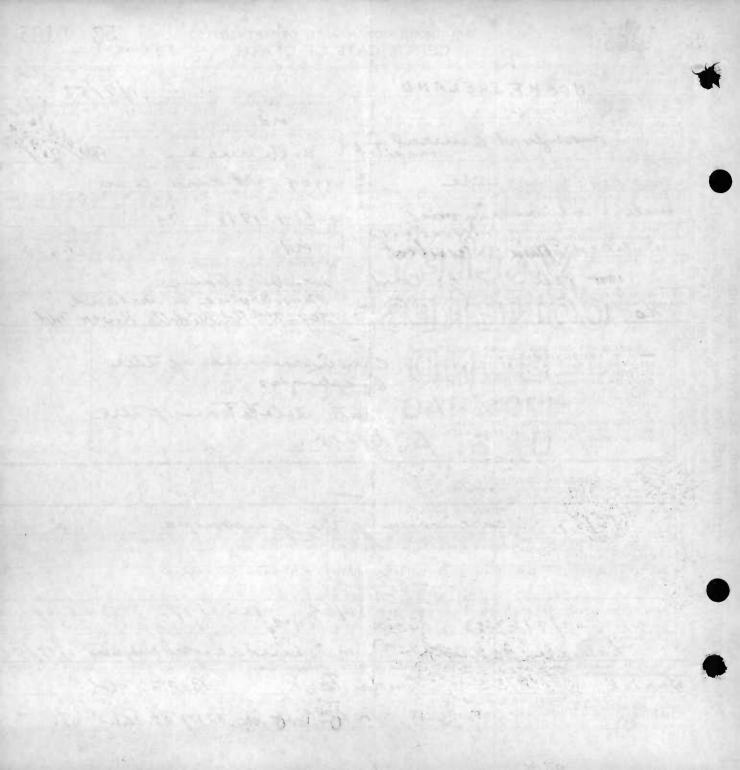
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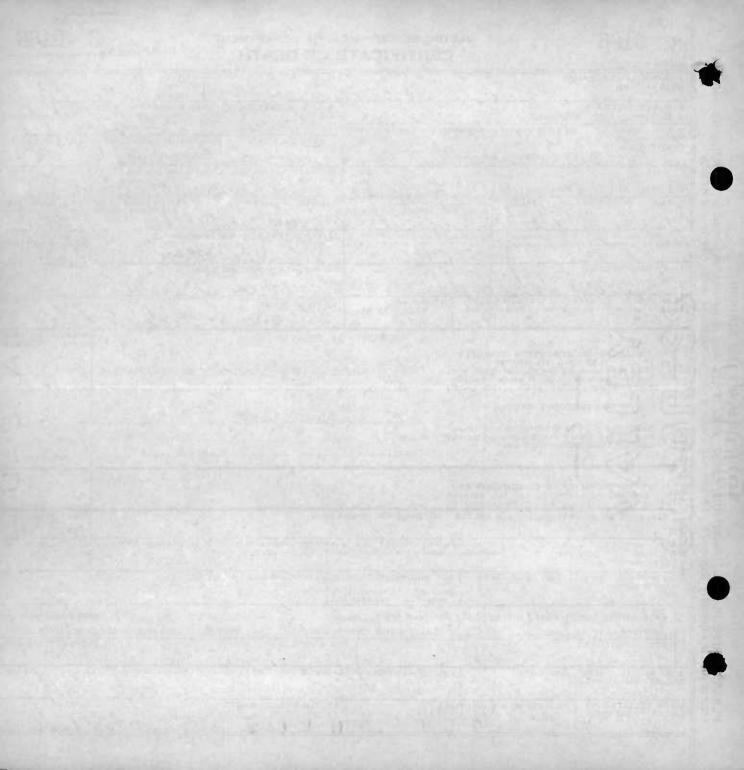
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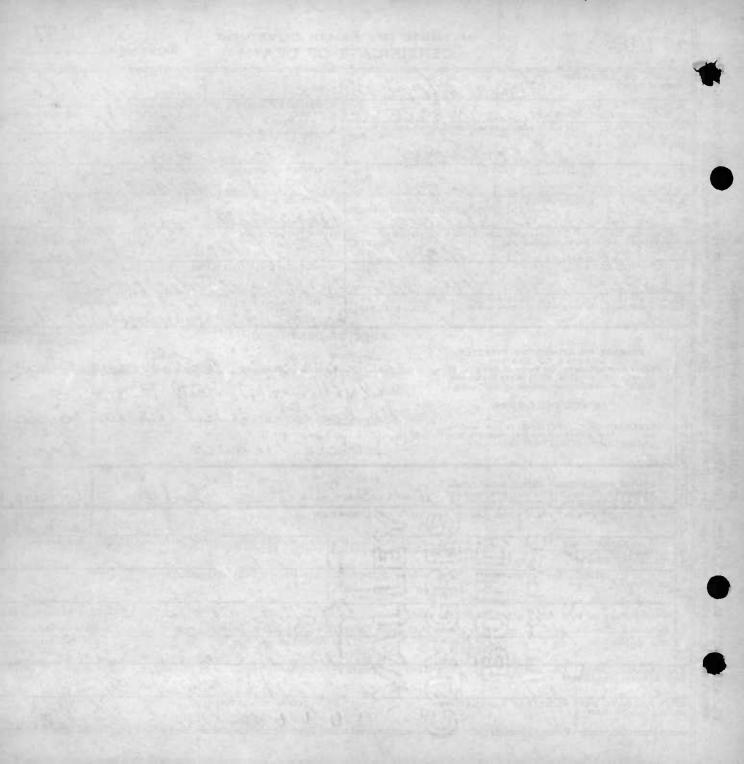
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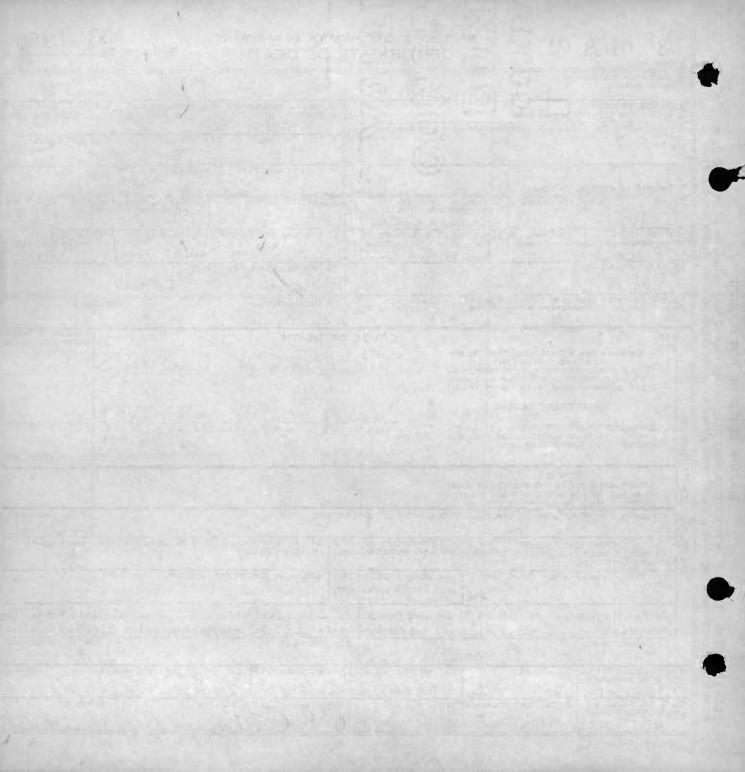
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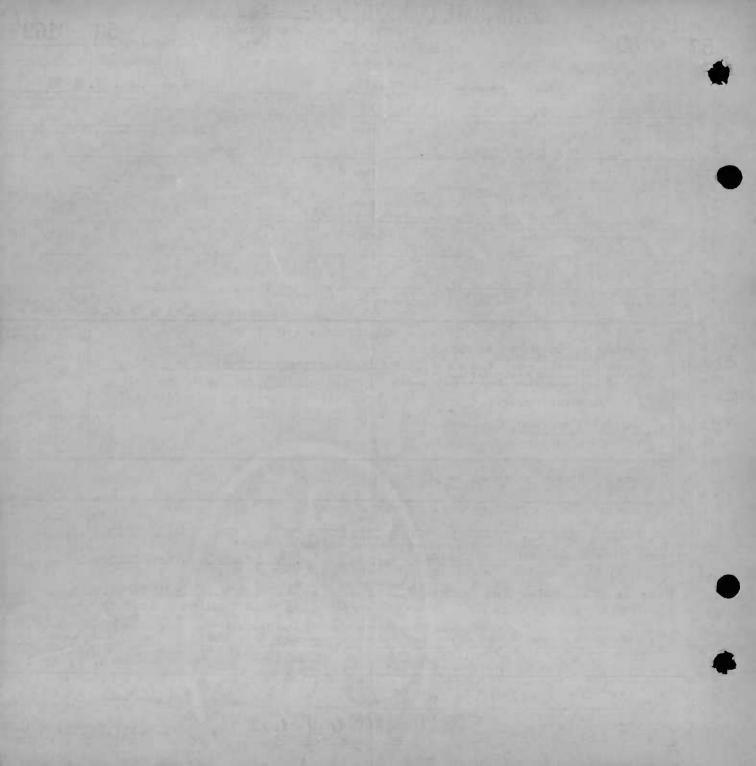
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The	В	0168 BALTIMORE CITY HE CERTIFICATION	E OF DEATH Registered N	0168
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supplied	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution : residence before admission)
	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) NSTITUTION	C. CITY OR TOWN (If outside corporate limits,	
fully egibly.	_	Trs.	Anapolis D. STREET ADDRESS (If rural, give location)	township)
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should be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		Under 1 Year It Under 24 Hours this Days Hours Min.
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information of death cl	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
inform s of dea	1! (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL [If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT AD	DRESS
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PLEAS	בם	ATÉ RÉCEIVED BY REGISTRAR'S SIGNATURE .	25. FUNEFAL PIRECTOR Na Busker Rusgald 1462	Marey St
		VS 150 643	80	/



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DEATH Jan. 7, 1953 AUGUST PARKANSKY ANDREA 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR e RURAL and give C. CITY OR TOWN (If outside corporate limit INSTITUTION township) carefully Baltimore City Hosp. Baltimore and legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2810 E. Baltimore St. c. Length of stay in Baltimore Days 9. AGE (In years | H Under I Year | If Under 24 Hours | Months Days | Hours Min. If Under 24 Hours 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10 Male 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR clearly INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) information s of death cle 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME BINDING 16. SOCIAL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. (Yes, no or unkoowo) landy 246 n. 12 St Surlus causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Multiple extreme injuries including (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Dus-to Crushing injury of chest and RESERVED injury or complication which caused death.) Traumatic amputation of right thigh ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED H TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING IN OR CONTRIB-OTING IN CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) Railroad-Day View Yards railroad yards 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY Fell between freight cars especially 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above and death in my opinion resulted from: natural causes [], accident [X], suicide [], homicide [], undetermined []. S 23B. CHIEF MEDICAL EXAMINER 1 23C. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER Jan. 7, 1953 age MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-24B. DATE correct TION, REMOVAL (Specify) PLEA unal 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 151



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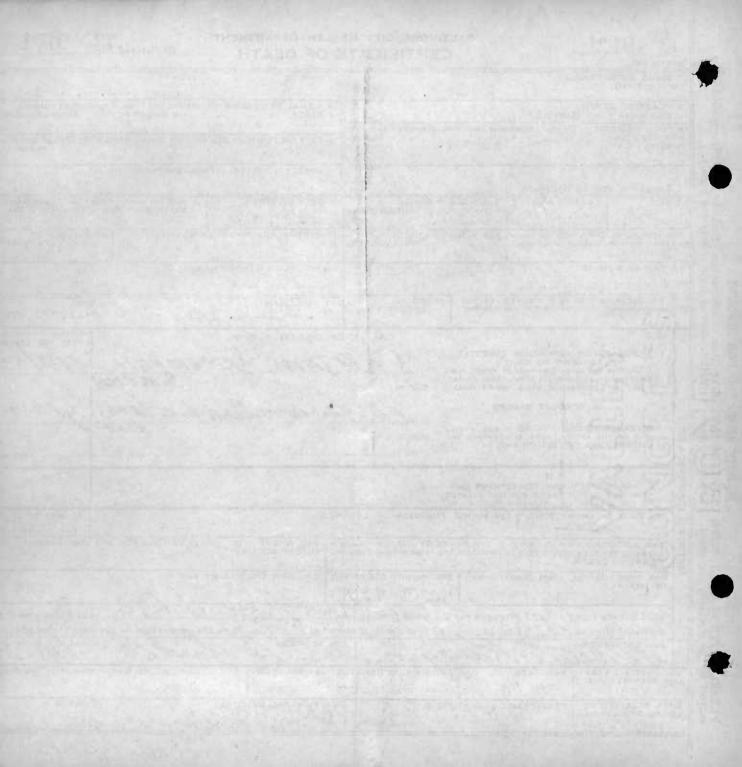
WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPS

YES



Registered No. CERTIFICATE OF DEATH 2. DATE NAME OF DECEASED (Type or Print) COLLINS DEATH Jan. MARY supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits w e RVRAL and give fully INSTITUTION township) Baltimore Lutheran Hospital D. STREET ADDRESS (If rural, give location) St. legibly. Yrs. Mos. Wyman Park Apts. -3915/ Beech Avenue & 40th c. Length of stay in Baltimore Days 9. AGE (In years) If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Female White widowed June 19. 1860 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY housewife at home Marvland information s of death cle 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Magruder unknown BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS Rd. 17. INFORMANT (If yes, give war or detes of service) (Yes, no or unknown) SECURITY NO Miss Margarietta Collins-3945 Cloverhill Every item of i CAUSE OF DEATH ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Crushing injury of chest (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) -BH-TO ANTECEDENT CAUSES Laceration and contusion of scalp DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT ш U 20. AUTOPSY' 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) Druid Park Drive near Greenspring Ave. street 21F. HOW DID INJURY OCCUR? passenger in auto 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE which skidded on ice & struck tree /5 /2 PLAIR ecially WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above esp and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 13 23B, CHIEF MEDICAL EXAMINER.... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. 98 Jan. MEDICAL INVESTIGATOR PLEASE correct ag 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) -/ 48tate) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Burial Woodlawn Cem. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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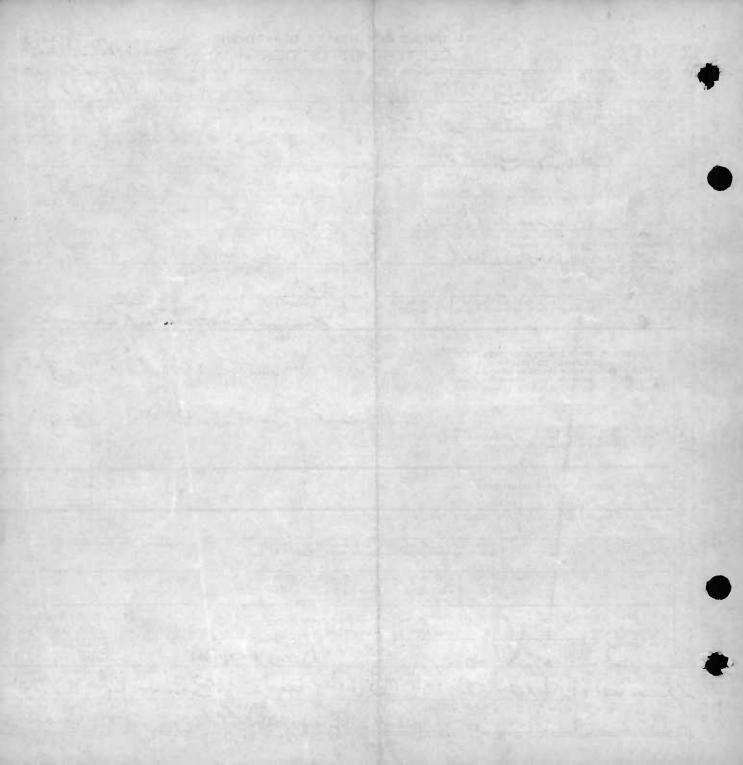
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 017

	BII	RTH NO.		
4		NAME OF DECEASED Muy Tle Mask	2. DATE OF DEATH	153
	Α.	PLACE OF DEATH: Baltimore City, Maryland Batts City	4. USUAL RESIDENCE (Where deceased lived. If	titution: residence before admission)
	HO	FULL NAME OF (If not in hospital or institution, give street address of location STITUTION)		itaRURAL and give township)
	3	Mucy Hospital Yrs, Mos.	D. STREET ADDRESS (If rural, give location)	- T
1		Length of stay in Baltimore 5 0 Days SEX [6.COLOR OR RACE 7. SINGLE, MARRIED.		n S1
y certific		Fernal Negro Single (Specifs		of I Year If Under 24 Hours B. Days Hours Min.
1001	work	A. USUAL OCCUPATION (Give kind of done during most of working firlt, even if retiped) Note: The second of the sec	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY?
111	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2. mar 1 (1.:0 +	191
7777		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	a value accessor	- I days
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		UNDERLYING CONDITION LAST. (C)		
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Por car	IEDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	1
, A	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE	E	
7	ŀ	m. WORK AT WORK AT WORK AT WORK AT WORK		hat I last saw the
des		deceased alive on, 19, and that death occur		
27			23B. ADDRESS	3c. DATE SIGNED
200	24 T/0	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET		
TICC	DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 UNERAL DIRECTOR AI	DORESS
C 11	1 -			

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BIRTH NO

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) John Herbert Grace OF January 6,1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or c. CITY OR TOWN (If outside corporate mits, write RURAL and give INSTITUTION 523 S. Linwood Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 523 S. Linwood Ave. information should be c. Length of stay in Baltimore Dnys 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male January 26,1886 White Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTR work done during most of working life, even if retired)
Crane Operator Wash. Navv Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Grace Liza Guthrie 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Florence M. Grace Same INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cleaner cardio vascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Foreslina Lastlina DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY LY, WITH (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK deceased alive on 6, 198, and that death occurred at 250 pm. fro , 1953, that I last saw the Pm., from the causes and on the date stated above. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24B. DATE 24c NAME OF CEMETERY OR CREMATORY | 24b, LOCATION (City, town, or county) Baltimore, Maryland Carmel Cemetery

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

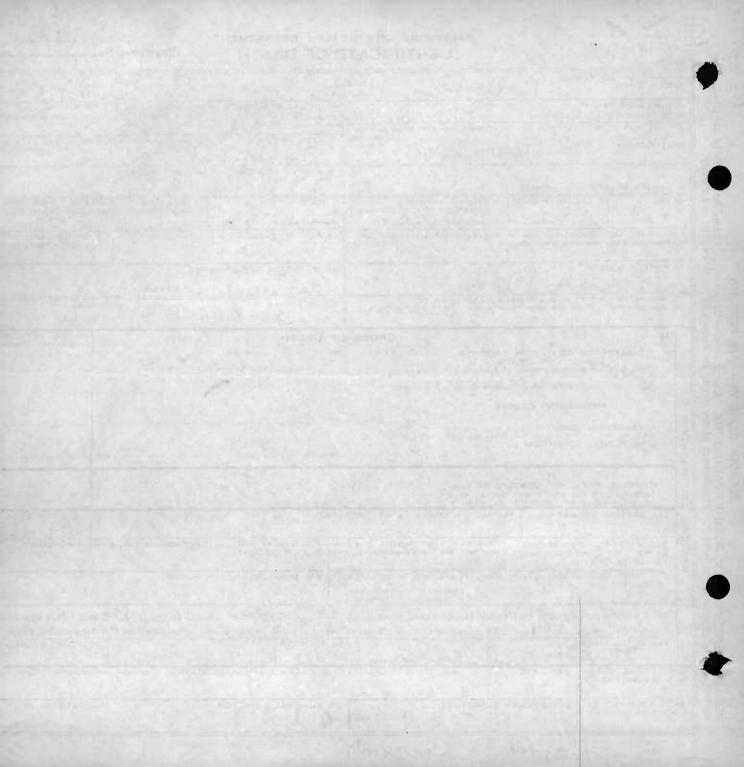
25. FUNERAL DIRECTOR

H. Denny.

Inc.

RITE PL

Dr. George D. Lippy Be. 0709



+	53 0176
	BIRTH NO.
	1. NAME OF DECEAS (Type or Print)
- 1	2 DI ACE OF DEATH

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Every

BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RoRAL and give INSTITUTION Yrs. ADDRESS Mart. c. Length of stay in Baltimore Date information should be of death clearly and l 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) It Under 1 Year Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 100WRP 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY US12 death 13. FATHER'S NAME AMES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SOCIAL (Yes, no or nnknown) SECURITY NO. 18. CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS

UNFADING Physicians: 19A. DATE OF OPERATION important, 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (c. g., in or MEDIC about home, farm, factory, street, office bldg, etc.) LYING OR CONTRIBUTING

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! AT WORK WORK

22. I hereby certify that I attended the deceased from \(\square\$ deceased alive on Jan. 6

1953 that I last saw the 1952, and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 20-24A. BURIAL. CREMA-TION. REMOVAL (Specify) 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

VS 150

ADDRESS

YES

(If in Baltimore City, give exact location)

NO

21c. WHERE DID

INJURY OCCUR?

25. FUNERAL DIRECTOR

21F, HOW DID INJURY OCCUR?

PLEASI

DOR.

DATE RECEIVED BY

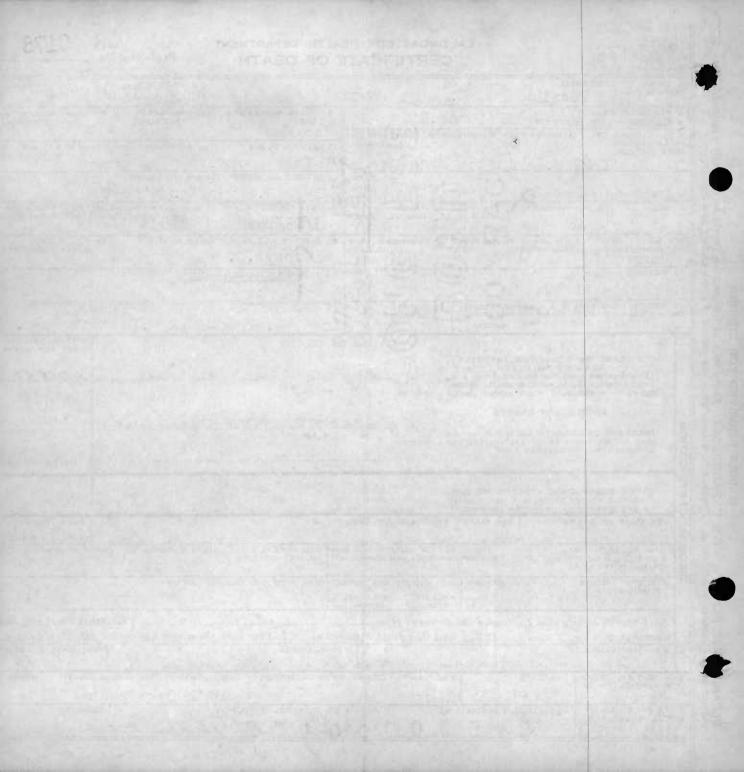
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	15:	3 9177 101	EALTH DEPARTMENT E OF DEATH Registered No.	3 0177
he	ВІ	RTH NO. 50 - 14822 CERTIFICAT	E OF DEATH	
ed.	1. (T	NAME OF DECEASED ype or Print) MARCELL TANNE	2. DATE OF DEATH 1-L	, -53
ildo		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
ns		FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		01
fully supplied	IN 3	UNIV. HOSP.	BALTIMORE	township)
90	-	Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location) 818 CARROLL St.	
ald be	5.	SEX 6. COLOR OR RACE 7. SINGLE) MARRIED. WHOOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8. AGE (In years 10m Month	der i Year If Under 24 Hours hs Days Hours Min.
VDING information should be of death clearly and l	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT COUNTRY?
tion th	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4311
NG orma deat		WILLIE TANNER	DDA CLAY	
R BINDING	(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADD	RESS
MARGIN RESERVED FOR JUNFADING INK. Every item Physicians: please write the cau	CERTIFICATION	DISEASE OR CONDITION DIRECTLY	of DEATH reulous Meningitis	ONSET AND DEATH
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LY, WITH important.	EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	e exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
RITE PL.		22. I hereby certify that I attended the deceased from 12	18 45 19 5), to 1-le , 1953,	that I last saw the
TE		deceased alive on 1-6, 1953, and that death occur	rred at 12 m., from the causes and on the	
RI		Bey G. Ceclesters M. D.	Converse of Herontal	23c. DATE SIGNED
SI		IA. BURIAL (REMA-) 248. DATE 24C. NAME OF CEMETE	7 /00 /200	
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PL		OCAL REGISTRAR	Devil & Surum V	DDRESS
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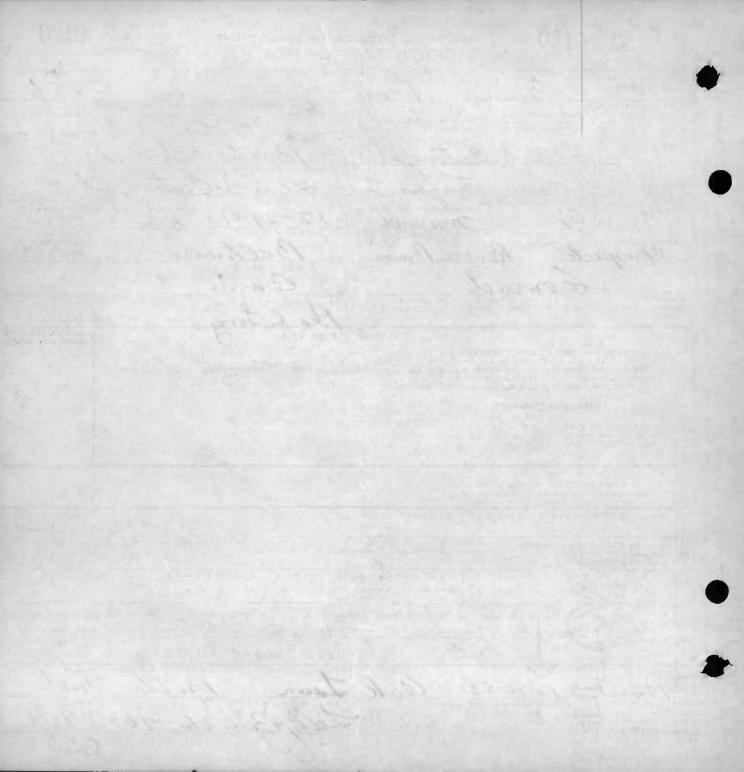
le l	5.3 BI	00 R 0178		EALTH DEPARTMENT E OF DEATH	53 Registered No	0178
information should be coully supplied.		NAME OF DECEASED ype or Print) Ferdia	E. Love		2. DATE OF I/6/5	3
	B. HO IN	PLACE OF DEATH: Baltimore City, Maryland Balti FULL NAME OF (If not in hospital or in ospital or in	stitution, give street address or location)		here decensed lived. If insti B. COUNTY outside corporate limits, wr	before admission)
	c.	Length of stay in Baltimore 2	Yrs. Mos. Days	D. STREET ADDRESS (If I		
	5.		NGLE. MARRIED. IDOWED DIVORCED (Specify)	3/I3/I899	9. AGE (In years li Under last hirthday) Months	
	10 wark	A. USUAL OCCUPATION (Give kind of connections most of working life, even if retired) HOUSEWITE	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Clover, S.C.		CITIZEN OF WHAT COUNTRY?
rmatio death	13	Robert Watson		14. MOTHER'S MAIDEN NA Mary G. Lawer		
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MARGIN RESERVED FOR BINI UNFADING INK. Every item of in Physicians: please write the causes of	ERTIFICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which eaused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST.	g. e. g., (A)	OCARDIAL E	ALLURE	ABOUT SAR
UNF	CEF	TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED	PATION		20, AUTOPSY?
Y, WITH	EDICAL	21a. ACCIDENT WAS UNDER: 21s	s. PLACE OF INJURY (e. g., i hnme, farm, factory, street, nffice bldg.,	in pr 21c. WHERE DID (II	f in Baltimore City, give	YES NO
Y II	Σ	21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
ITE P		23A. SIGNATURE Thornes W. 44 AA. BURIAL, CREMA- DN, REMOVAL (Specify)	M. D. 24C. NAME OF CEMETE		oc causes and on the di	1-8-53
PLEASE correct ag		Removal I/9/53 ATE RECEIVED BY REGISTRAR'S SIG	Clover NATURE 5 / 3 / (Qua) MOP	25. FUNERAL DIRECTOR	th Carolina Rosen tolon	DRESS
		VS 150	-	(08 w. m	ntromeny-	St

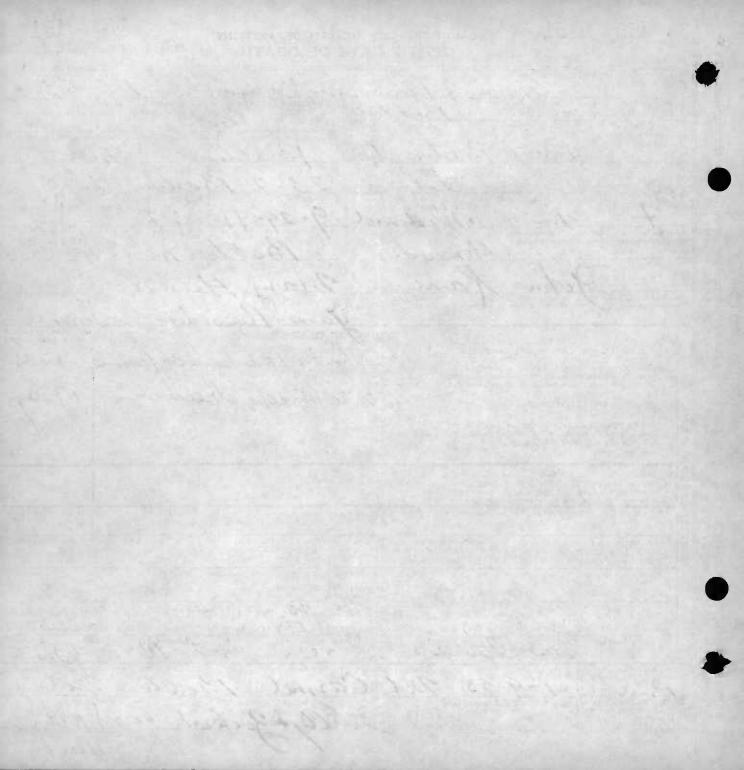


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he	BI	NO.	0179			TE OF DEATH	Registered	d No
ed.		NAME OF DECE ype or Print)	ASED Yo	200 1	Wean	rowies	2. DATE OF DEATH	1-7-53
supplied.	A.	PLACE OF DEAT Baltimore City FULL NAME OF	, Maryland	ital or institut	30043 ~	4. USUAL RESIDENCE	(Where deceased lived B. COUNTY	If inditution; residence before admission)
ılly	HOSPITAL OR INSTITUTION			600	locatio		(If outside corporate li	mis, write RURAL and give township)
sfr legibly	c.	Length of stay	in Baltimore	~	Lefe Mos		If rural, give location)	ana
uld be	5.	Male 6.0	MA RACE		E. MARRIED, VED, DIVORCED (Speci	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
on should clearly an	10 work	A. USUAL OCCUP	ATION (Give kind of king life, even if retired	10B. KINE	O OF BUSINESS OR INDUSTR		r foreign country)	12. CITIZEN OF WHAT COUNTRY?
atic	13	FATHER'S NAM	E Th	erra		14. MOTHER'S MAIDEN	NAME !	
BINDING of inform uses of des	15 (Yes	. WAS DECEASED E	VER IN U.S. ARME If yes, give war or dat	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	neues -	ADDRESS
ca ca		18. 426	DR CONDITION	DIRECTLY	CAUSE	OF DEATH		INTERVAL BETWEEN
# P#		(This does not heart failure, s	ADING TO DEA mean the mode sthenia, etc. It me application which	ATH of dying, e. g	e,	ocardial Infar	ction	10 days
RV.	7		TECEDENT CAU			ronary Arterio	sclerosis	2 yrs.
G INK.	ATIO	RISE TO THE	R CONDITIONS, ABDVE CAUSE (A G CONDITION L) STATING TH	IG			
MARGIN UNFADING Physicians:	TIFIC		11		(C)			
MA UNF Physi	CER	TRIBUTING TO	THE DEATH, BUT SE DR CONDITIO	NDT RELATE N CAUSING I	T			
Hd .	CAL	19a. DATE OF C	0		FINDINGS OF OP		(If in Rollimona Cit	y, give exact location)
LY, WITH	MEDIC	LYING OR CO		about home,	farm, factory, street, office bld	g.,etc.) INJURY OCCUR?		y, give exact location)
0		OF INJURY	nth) (Day) (Yea	· · · /	21E. INJURY OCCUP WHILE AT NOT WHI WORK AT WOR	LE	JRY OCCUR?	
TE PL especia		deceased alive	on Jan. 6	ttended the	deceased from O	ct. 10 ,1950 to urred at 2:35 Am., from	Jan., 19	53, that I last saw the attention the date stated above.
RITE is esp	ij	23A. SIGNATUR	arme	W/ 70	Tous:	23B. ADDRESS 3023 Easter	n Ave.	1/8/53
ASI ect a	TIC	AA. BURIAL, CRE ON, REMOVAL (Speci	MA- 248. DATE (fy) /-/C	-53	240. NAME OF CEME	Hanislans 1	Balte-	wn, or county) (State)
PLEAS! correct		ATE RECEIVED B DCAL REGISTRAI	? -11:	on Hall	Guid (D)	25. FUNERAL DIRECTO	Sich-4	ADDRESS
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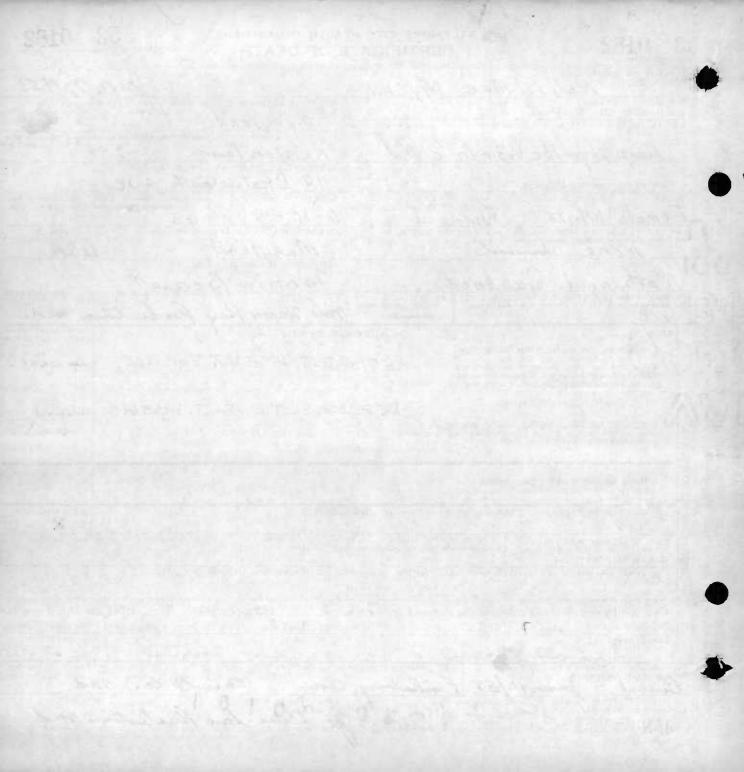
0.3 - 0.180BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH fully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS If rural, give location) Mos. c. Length of stay in Baltimore Days information should be of death clearly and 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE It Under 1 Year 9. AGE (In years, I Hodos 24 House last birthday) | Months: Days | Hours : Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY enspecto emerce 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nuce 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO item of it Jame INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY ILY, WITH important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK 6 . 19 That I last saw the 1952 to January 22. I hereby certify that I attended the deceased from_ TE Im., from the causes and on the date stated above. deceased alive on 6 1953, and that death occurred at 7 23 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BANK 3508 24A. BURIAL, CREMA-TKON, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 10 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR burlingion 8 = 10E VS 150





N-620 03 0182 BIRTH NO.		EALTH DEPARTMENT	Registered	53 0182
(Type or Print) Nellie Ma	= Myers		2. DATE OF DEATH	n. 7, 1953
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or in	stitution, give street address of	4. USUAL RESIDENCE	B. COUNTY	If institution: residence before admissio A L To
HOSPITAL OR INSTITUTION HOSPITAL Varthe Warm	en al Md-	Reisters Tour		nits, write RURAL and gi townshi
c. Length of stay in Baltimore	Yrs. Mos. Days		frural, give location)	
5. SEX 6. COLOR OR RACE 7. SI	NGLE, MARRIED. IDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years)	
work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	Marylano	1	12. CITIZEN OF WHAT COUNTS
Nathaniel Gardi	ner	14. MOTHER'S MAIDEN	Benson	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of servi	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mus Warry Ka	4 Rueles	Low Med.
DISEASE OR CONDITION DIRECT		OF DEATH		INTERVAL BETWE
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DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIL UNDERLYING CONDITION LAST.				yours
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED			
19A. DATE OF OPERATION 19B. MA	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY
	3. PLACE OF INJURY (e. g., home, farm, factory, street, office bldg.,		(If in Baltimore City	, give exact location)
2 ID. TIME (Month) (Day) (Year) (Hour OF INJURY	WHILE AT NOT WHILE		RY OCCUR?	
22. I hereby certify that I attended	the deceased from Dec	3, 19.52, to		53, that I last saw
deceased alive on 3, 195	0	rred at 9:45 G.m., from 23B. ADDRESS	the causes and on	23c. DATE SIGNE
deceased alive on 19. 23A. SIGNATURE 24A. BURIAL. CREMA- 24B. DATE TION REMOVAL (Specify)	24c. NAME OF CEMETE		LOCATION (City, tow	/
DATE RECEIVED BY REGISTRAR'S SIG	NATURE ALLES	25. FUNERAL DIRECTOR	D. A.	ADDRESS
JAN 8 - 1953 7 Junting	lon Williams, XII	It were . In	a jeustus	town md

MARGIN RESERVED FOR BINDING



	2	018. RTH NO. 1	32-04176	BAI		HEALTH DEPART		Registered N	g 0183
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supplied.	A.	PLACE OF D Baltimore C	City, Mayyland	al or institut	ion, give street address	A. STATE	ENCE (Where	decersed lived. If i	nstitution; residence before admission)
fully s	HC	SPITAL OR STITUTION	JOHNS HOP		locatio		le (If outsi	de corporate limits	, write RURAL and town
egroly	c.	Length of st	tay in Baltimore		Yr. Mo Da	1/22	ESS (V rural	val (he N.
and le		nele	6 GOLOR OR RACE		MARRIED, /ED, DIVORCED (Spec	8. DATE OF BIRT			Under 1 Year If Under 24 Hours this Days Hours Min.
			CUPATION (Give kind of f working life, even if retired)	108. KINE	O OF BUSINESS OR INDUST	11. BIRTHPLACE (12. CITIZEN OF WHAT COUNTRY
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infor s of d	15 (Yes		D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT			DDRESS
y item of i		18. E 88 DISEAS	E OR CONDITION LEADING TO DEA not mean the mode of	DIRECTLY	CAUSI	OF DEATH	inserti	are Charact	INTERVAL BETWEEN
Ever		heart failu injury or	re, asthenia, etc. It mea eomplication which of	ns the diseas aused death	e,			1 polise	<u>-</u>)
ADING INK.	CATION	RISE TO T	OR CONDITIONS, IN THE ABOVE CAUSE (A)	STATING TH		CERYOFI	CAHON APE	PROVED BY	
UNFADING Physicians:	CERTIFIC	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED .	CHIEF. O	ASST. MEDICA	L EXAMINER	
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LY, WITH mportant.	MEDIC	CAUSE OF		about home,	ACE OF INJURY (e. farm, factory, street, office ble	g.,etc.) INJUNY OCCL	Cent	al to	ive exact location)
Q'ie		OF INJURY		- 3	21E. INJURY OCCU	x Onges	led fu	mitine	polish athor
RITE PI s especia		deccased al		ended the	deceased from Land that death oc	nurred at 2 05 Cm	3, to A-		, that I last saw the date stated above
RI S		23A. SIGNAT	obert & - 7	Jerus	М. В.	JOHNS		HOSPITAL	23c. DATE SIGNED
PLEASE correct a		Buriel Buriel	Jan. 8,	1953	Mt. Calvar	TERY OR CREMATORY	A.A. C	ounty M	aryland
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

Registered No.3

NAME OF DECEASED (Type or Print) ALICE ELIZABETH BRIAN

2. DATE 1-7-53 OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence

B. COUNTY

. Baltimore City,		
FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital or institution, give street address or location)	

C. CITY OR TOWN (If outside corporate limits, write LURAL and give Baltimore

634 Gutman Avenue

D. STREET ADDRESS (If rural, give location) 6:34 Gutman Avenue

c. Length of stay in Baltimore 6. COLOR OR RACE White

Days 7. SINGLE MARRIED WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Keurs last birthday) Months; Days Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

108, KIND OF BUSINESS OR INDUSTRY

Yrs.

Mos.

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Baltimore, Md.

13. FATHER'S NAME

George Brian

Elizabeth Barry

1876

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)

16. SOCIAL SECURITY NO

DUE TO

17. INFORMANT 634 Gutman Mrs. Loretta Rogers

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

ONSET AND DEATH

INTERVAL BETWEEN

before admission)

township)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Cerebral Anteriosclerofis

Anterio Sclorotic Cardio-Vascular Disease DUE TO

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY YES

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

OF INJURY WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from. . 19 that I last saw the 60 A.m. 19.53, and that death occurred at 9 deceased alive on Jux. from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS

24A. BURIAL, CREMA 24B. DATE esumerman M. D. 24c. NAME OF CEMETERY OR CREMATORY Holy Cross

23c DATE SIGNED Harford Rd.
Balto.

ADDRESS

TION, REMOVAL (Species 1-9-53

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

DATE RECEIVED BY LOCAL REGISTRAR 8-19

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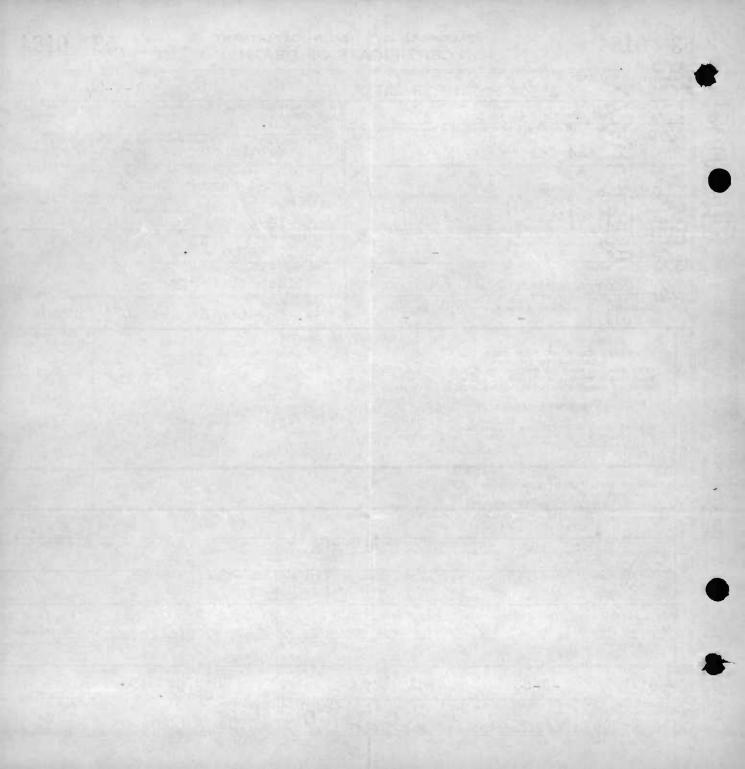
UNFADING Physicians: p

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Bi	3	30 0185	5 Aa 763	ВА	ALTIMORE CITY CERTIFICA			Registe	53 red No.	0185
pe		NAME OF D	HOMER	BRI	4DY			2. DATE OF DEATH	1/7/5.	3
efully supplied oly.	A.	Baltimore (City, Maryland	-1 (44		A. STAT	AL RESIDENCE (V			ion: residence before admission
lly sı	H	OSPITAL OR	Lutheran 1	Hospi	tion, give street address locati		OR TOWA (II	outside corporate	e limite, write	RURAL and giv
efu legibly.	4	-0	of mary!	"	Yr Mo		EET ADDRESS (If	rural, give local	on)	03
g p	1	Length of s	tay in Baltimore		Da MARRIED	ys 4 8. DATE	OF BIRTH	9. AGE (In year	ars I Under 1 Ye	
should be	10	M	W		WED, DIVORCED (Spec	10/	18/00	52		Ays Hours Min.
on shou	WOE	k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIN	ID OF BUSINESS OR INDUST	11. BìR1	CHRLACE (State or for	oreign country)		TIZEN OF
atic	13	FATHER'S	VAME	1	3 pm Parge (4)	14. MOT	HER'S MAIDEN N	AME		
BINDING of information uses of death cle	15 (Ye	S. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO	17. INF	ORMANT		ADDRES	S
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RESER INK. please	Z		ANTECEDENT CAUS		(B)		***************************************	***************************************	/	
	ATIO	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING	THE DUE TO					
MARGIN UNFADING Physicians:	RTIFIC		11		(c)					***************************************
MA JNF Physi	CER	TRIBUTING	SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELA	TED					
	AL				R FINDINGS OF OF	ERATION				O. AUTOPSY?
LY, WITH important.	EDIC	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. j., farm, factory, street, office blo		WHERE DID () JRY OCCUR?	If in Baltimore	City, give exa	ct location)
Imi imi	Σ	21p. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCU		HOW DID INJURY	OCCUR?		
PI		22 I hanah		" m.	WHILE AT NOT WH AT WOR	K	3 10 4 4	17/53	10 41-4	7 In at annu ab
RITE PI		deceased a		19	, and that death oc	curred at_	158m., from t	he causes and	on the date	stated above
R. Se is		1	churt a	Bu	thardt m.o.	238. ADDF	Huran	Hosp.	1	7/53
400	TIC	AA. BURIAL (S	pecify)	53	24c. NAME OF CEME	TERY OR CR	1/2	OCATION (City,		(State)
PLEAS correct	D.	ATE RECEIVE	D BY REGISTRAR	S SIGNAT	URE 3MB	25 FUN	O B	Alm co	ADDR	ess CL
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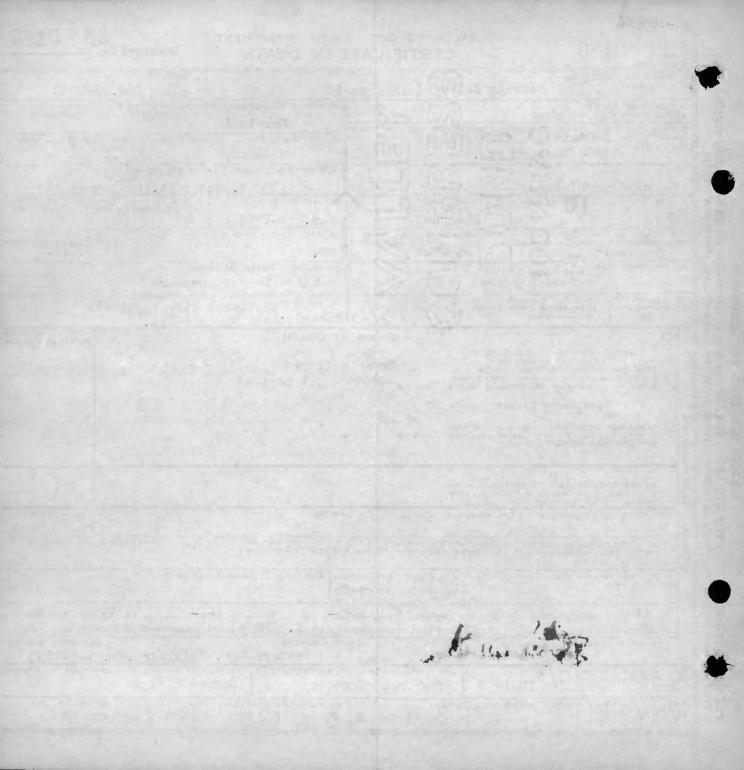
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1535	0186
BIRTH NO.	
1. NAME O	f DECEAS

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 0186

1. NAME OF DECEASED (Type or Print)	eda Grace (Leblanc)	DATE OF Jan. 7-1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where	deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR Baltimore City	al or institution, give street address or	Maryland	101
INSTITUTION 4940 Eastern		c. CITY OR TOWN (If outsi	de corporat limits, write RARAL and give township)
	Yrs.	D. STREET ADDRESS (If rural	, give location)
c. Length of stay in Baltimore	Life Mos.	1237 S.Decke	r St.(Ave) zone 24
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 9.	AGE (In years II Under 1 Year last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Registration of the second	14. MOTHER'S MAIDEN NAME	
Joseph G	race	Alice Leeder(Swe	eder)
15. WAS DECEASED EVER IN U. S. ARMED (If yes, no or unknown) (If yes, give wer or deter	s of service) SECURITY NO.	17. INFORM Baltimore C Records: 4940 Easter	ity Hospitaless
18. 781.0		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION			
(This does not mean the mode o	of dying, e.g., (A)	c Cirrhosis with rup	tured 1 month
heart failure, asthenia, etc. It mea injury or complication which e	aused death.) DUE TO 980p	hageal varices	
ANTECEDENT CAUS	SES		
Z DISEASES OR CONDITIONS, II	(B)		
RISE TO THE ABOVE CAUSE (A)	STATING THE DUE TO		
O O O O O O O O O O O O O O O O O O O	(C)		
DISEASES OR CONDITIONS, IN RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TONDITION LA UNDERLYING TO THE DEATH, BUT			
OTHER SIGNIFICANT CONDI			
TO THE DISEASE OR CONDITION	CAUSING IT.		
194. DATE OF OPERATION	9B. MAJOR FINDINGS OF OPER	ATION	YES NO R
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. g., in		Baltimore City, give exact location)
	ebout home, farm, factory, street, office hldg., e	(c.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OC	CUR?
OF INSURY	m. WHILE AT NOT WHILE		
22. I hereby certify that I att	ended the deceased from 12-	-9- 1952 to 1-7-	, 19_53that I last saw the
deceased alive on 1-7-	_, 19_53, and that death occur		nuscs and on the date stated above.
23A. SIGNATURE	() 2	3B. ADDRESS	23c, DATE SIGNED
			ltimore, Md. 1-7-1953
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Jam 10	1953 Holy Cross Cen		rion (City, town, or county) (State) Hill Rd Md
DATE RECEIVED BY LOCAL REGISTRAR'	S. SIGNATURE	25. FUNERAL DIRECTOR	800 E Lombard St



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

B	53 BI	400 BALTIMORE CITY HE CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No	0187
d.	1.	NAME OF DECEASED (ype or Print)		DATE OF DEATH Januar	5196.
upplie	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where		
fully supplied by.	H	FULL NAME OF (If not in hospital or institution, give street address or location) ISTITUTION JOHNS HOPKINS HOSPITAL	BA	ide corporate limits, wri	te KUPAL and give township)
e ful legibly.	0	Yrs. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural	, give location)	
d d		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		MGE (In years if Under last birthday) Months	
on should be	10 work	A. USUAL OCCUPATION (Give kind of los. KIND OF CUSINESS OR k done during most of perking life, even if retired)	11. BIRTHPLACE (State or foreign		CITIZEN OF WHAT COUNTRY?
atic	13	D. FATHER'S NAME	14, MOTHER'S MAIDEN NAME		
DIU	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRE	Ess
BIN of uses	7	180	JOHNS HOPKINS	ļu	NTERVAL BETWEEN
FO ite		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ine Failure 2 Pa	elmonary	72 mo
00		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	tem	2. 18/11	*
RESEI INK.	NO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO E	y installed	u xigum	•••••
GIN I	FICATI	UNDERLYING CONDITION LAST.	miles respectives !	Words	
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	I hum suptain	d objects	
H	SAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	me		20. AUTOPS ?
LY, WITH	MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., in about home, farm, farm, factory, street, office bldg., in about home, farm,		Baltimore City, give e	xact location)
A		21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK		CUR?	
RITE PL		22. I hereby certify that I attended the deceased from deceased alive on 1-5, 1953, and that death occur	-4, 1953, to 1-6	1953, the	at I last saw the
RIT		23A. SIGNATURE / Halammann h M. D. 2	JOHNS HOPKINS H	OSPITAL 23	C. DATE SIGNED
PLEASE correct ag	(T)(AA. BURIAL, CLEMA- 248 DATE 240 NAME OF CEMETE ON, REMOVAL (Specify)	RY OR CREMATORY 24B. LOCA	Flow (City, town, or con	unty) (State)
PLE	L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADE	DRESS 322/K

7208A

hefore admission)

12. CITIZEN OF

WHAT COUNTRY

ONSET AND DEATH

20. AUTOPSY YES X

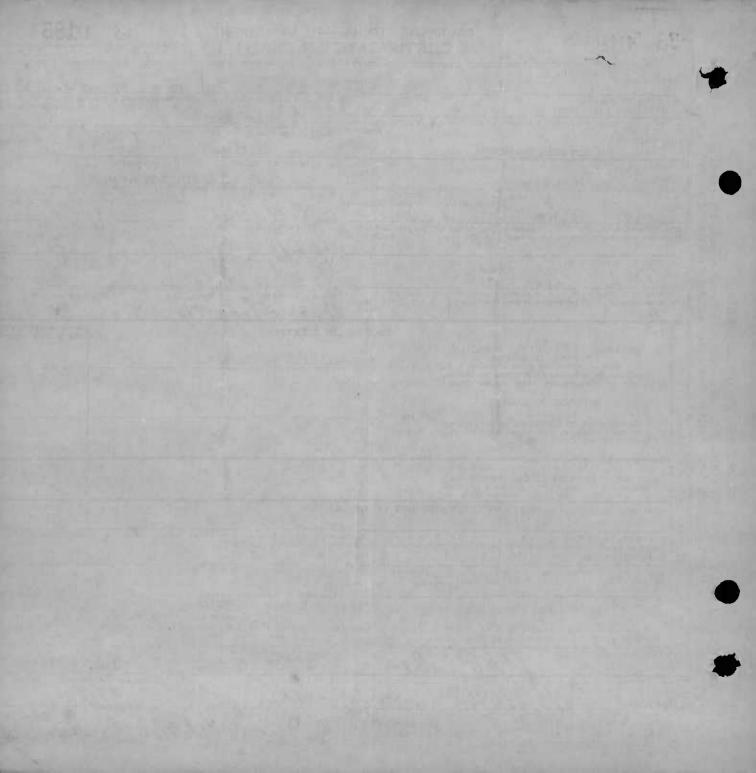
thereon and from

township)

PLE

DATE RECLIVED BY LOCAL REGISTRAR

VS 151



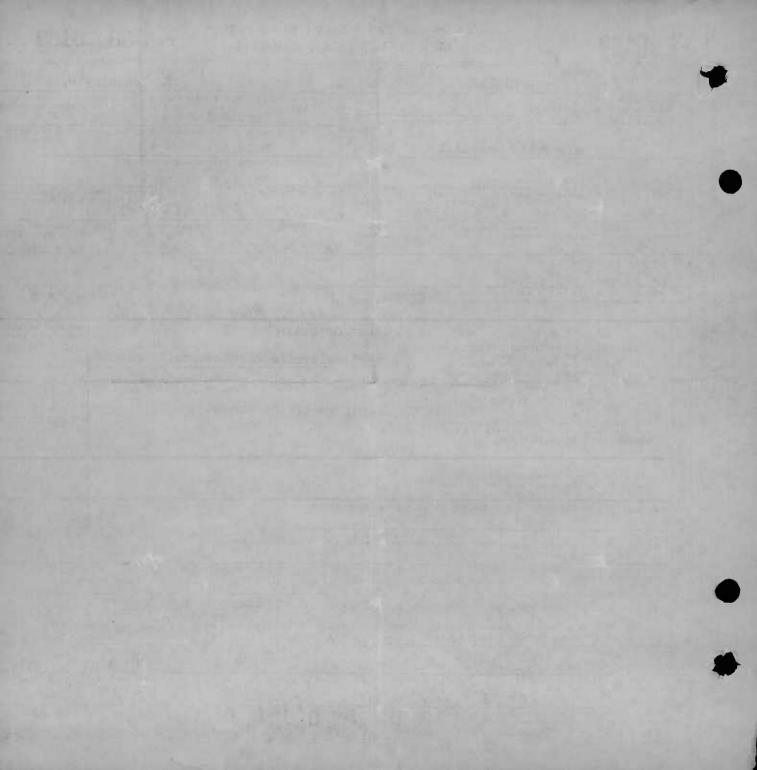
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BALTIMORE CITY HEALTH DEPARTMENT

0400

schrody It

BIRTH NO.	33	CE	RTIFICATE	OF DEATH	Regis	stered No. U.L.O.J.	
1. NAME OF (Type or Prin		MINERVA	MORSEI		2. DATE OF DEATH	January 6, 195	
a. Baltimor	e City, Marylan			A. STATE	B. COL	l lived. If institution: reside JNTY before adm	
B. FULL NAI	OR	hospital or institution, g	rive street address or location)	c. CITY OR TOWN	(If outside cor)		
INSTITUTIO		ity Hospital			imore		wnshij
The second			Yrs. Mos.	o. STREET ADDRES			
c. Length o	of stay in Baltime		Days	8. DATE OF BIRTH	Dover Stree	vears If linder Year Il linder	24 Hou
Female		SUPPOWED,	DIVORCED (Specify)	Jan 15, 188	74 last bigh	nday) Months Days Hours	Mir
10A. USUAL	OCCUPATION (Givenost of working life even if	kind of retired)	BUSINESS OR INDUSTR	11. BIRTHPLACE (Sta	te or foreign country	12. CITIZEN OF	
13. FATHER	SMAME			14. MOTHER'S MAKE	EN NAME	1	U.
(Tor	res /Isa	NS		Elizabel	N Jasse	rl	
15. WAS DEC	EASED EVER IN U.S.	ARMED FORCES? 16	SECURITY NO.	Valler Mo	rsell	Dover St	
18. //	vr 1 ass	1 190 ×	CAUSE	OF DEATH		INTERVAL BE	ETWE
DIS	EASE OR CONDI-			-1	di arragan lam		OEA
heart	does not mean the railure, asthenia, etc.	mode of dying, e.g., It means the disease.	(A) Arterios	sclerotic car	glovascular	ulzease	•••••••
injury	or complication w		OFFICE				
	ANTECEDENT	CAUSES	(B) Carcino	oma of the br	east		
RISE	O THE ABOVE CAUS	ONS, IF ANY, GIVING	OUE TO				
UNDE	RLYING CONDITION	JN LAST.	(C)				
C TRIBU	R SIGNIFICANT C	BUT NOT RELATEO					
	E OF OPERATION		IDINGS OF OPERA	ATION		20. AUTOF	SY?
<u> </u>				- late where Dir	/If in Doltimo		NO 5
UNDERL'	ERNAL CAUSE WAYING TO OR CONT CAUSE OF DE	RIB. about home, farm, fa	OF INJURY (e. g., in actory,street,office bldg.,et	or 21c. WHERE DIE c.) INJURY OCCUR?	(II in Baltimo	re City, give exact location	n)
OF INJU	E (Month) (Day) RY	(Year) (Hour) 21E. WHILE m. WOR		D 21F. HOW DID I	NJURY OCCUR?		
22. I ce	rtify that I took			bove, held an Ins	pection & I	nquiry thereon and	fro
the	evidence obtaine	d by said Autopsy	. Inspection or In	au aguiry, find that s	topsy, Inspection or aid deceased dic	Inquiry d on the day stated d de \square , undetermined \square	abov
	Willia /	Land State		23B. CHIEF MED	ICAL EXAMINER	23c. DATE SIGNE	D
24A. BURIA TION, REMOVA	L. CREMA- 248 O. L (Specify)	10-1953 91	NAME OF CENTER			ity, town, or county)	State)
DATE RECE LOCAL REG		RAR'S SIGNATURE	2.00	25. MUNEHAL DIREC	TOR	ADDRESS 32	2/
	- 1052	untington 1/6	malus; Nij	Mai Katu R	Walliam	Schroed w/ J	0-



	IRTH NO.	0		CERTIFICA	TE OF DEAT	Regis	53 0190 tered No.
(7	NAME OF I	James	Waters			2. DATE OF DEATH	1-7-53
B. H	FULL NAME OSPITAL OR ISTITUTION	City, Maryland		ion, give street address locatio	a. STATE MD. c. CIT OF TOWN CHOWN STATE	B. COU	ate limits, write RURAL an tow
5	SEX M	6.COLOR OR RAG	CE 7 SINGLE WIDOW	Mon Day ED, DIVORCED (Speci	8. DATE OF BIRT	9. AGE (In s	6300
wor	A. USUAL OC k done during most	CCUPATION (Give kir stworking life, even if reti	ndof 10B. KIND	OF BUSINESS OR INDUST		tate or foreign country)	12. CITIZEN OF WHAT COUN
11 (Ye	5. WAS DECEAS	ED EVER IN U. S. AR (If yes, give war or	MED FORCES? dates of service)	16. SOCIAL SECURITY NO	IN INFORMANT	han 200	ADDRESS AL C. ANG. Market INTERVAL BET
	(This doe	SE OR CONDITIO LEADING TO D s not mean the mod are, asthenia, etc. Its complication whice	EATH le of dying, e. g means the disease h caused death	e, U	piratory acid	2)40	ONSET AND
RTIFICATION	RISE TO	S OR CONDITIONS THE ABOVE CAUSE YING CONDITION	(A) STATING TH		ug t local	-mIastase	s 7
CERTI	TO THE D	SIGNIFICANT CON S TO THE DEATH, B DISEASE OR CONDIT	UT NOT RELATE	D Seu	ulity		
MEDICAL	12 21A. ACCII	DENT WAS UNDER CONTRIBUTING	Broncho 2 18. PLA	FINDINGS OF OP THE CA T GE OF INJURY (e. arm, factory, street, office bld	matastases to		20. AUTOF
-	OF INJURY	(Month) (Day) (Ye	m.	WHILE AT ORY NOT WHI	LE .	INJURY OCCUR?	
		n certifu that I	attended the	deceased from	curred at /2 M. 5 m.	from the causes an	., 19, that I last sa ad on the date stated o
	23A. SIGNA	TURE	, 1933,		23B. ADDRESS	Hospital	23c. DATE SI

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important.

especially

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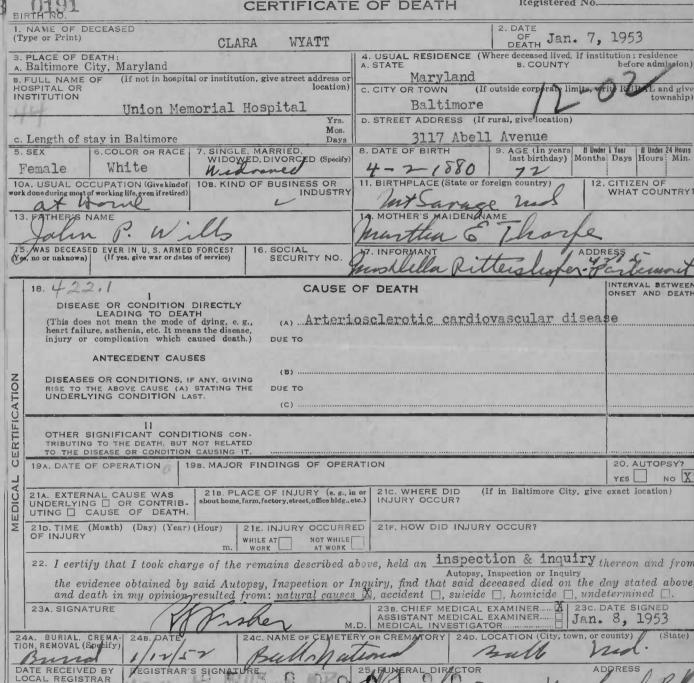
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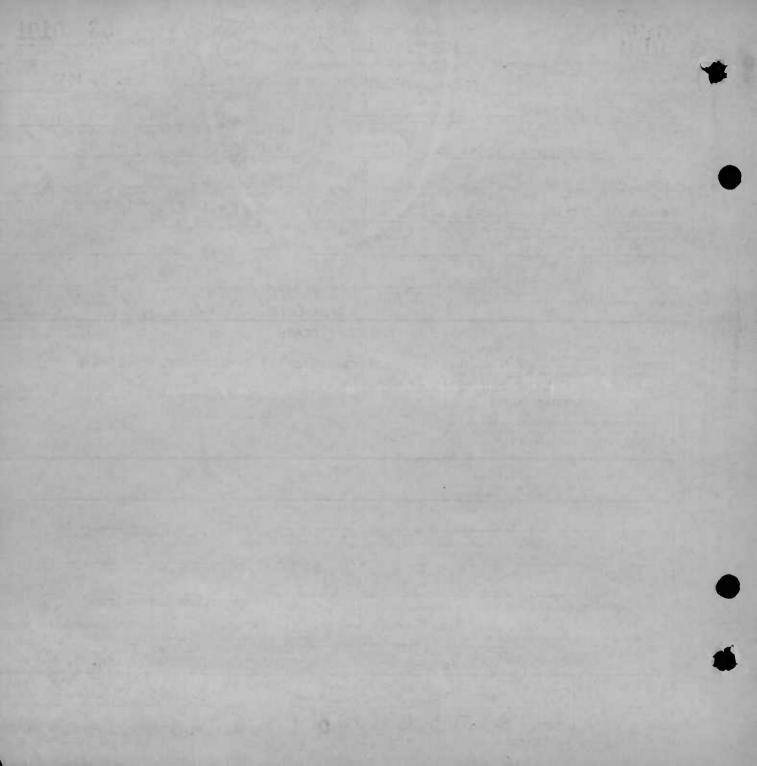
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5 correct

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered





VS 150

before admission)

WHAT COUNTRY?

ONSET AND DEATH

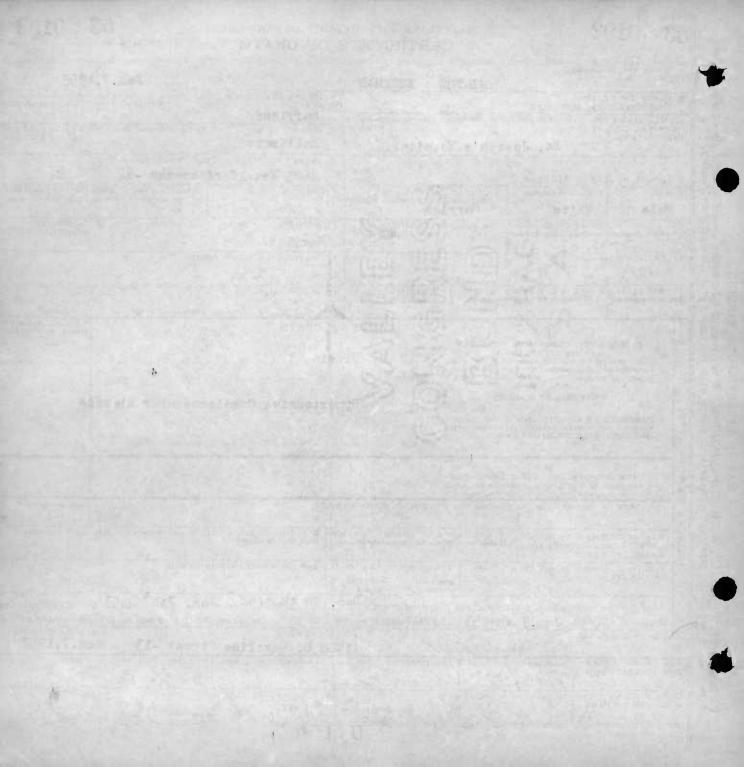
20. AUTOPSY

23c. DATE SIGNED

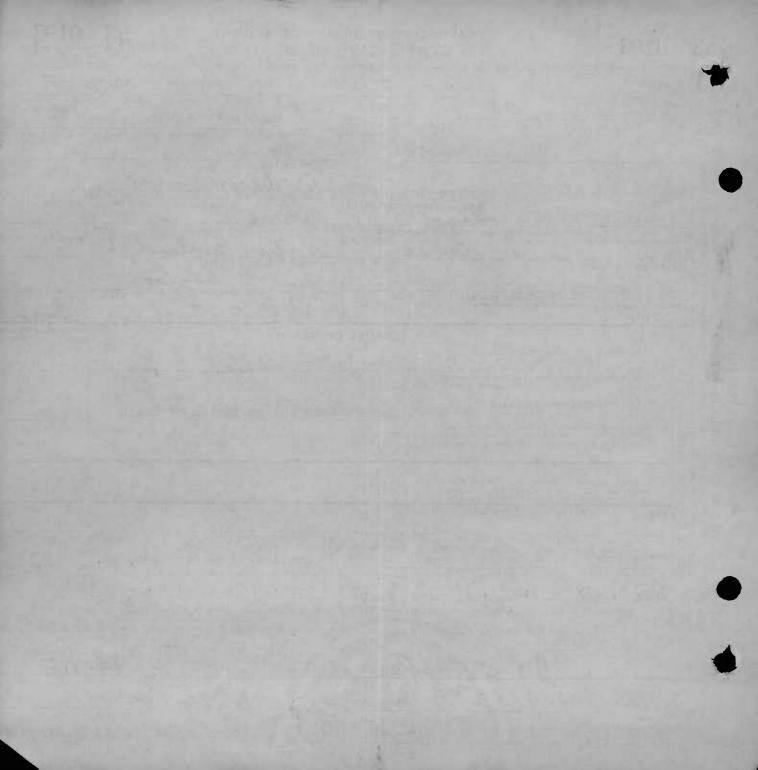
YES

INTERVAL

(ownship)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH DATE 1. NAME OF DECEASED (Type or Print) Jan. 7, 1953 OF JESSIE STOCKTON DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland Maryland Baltimore (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give HOSPITAL OR location) C. CITY OR TOWN INSTITUTION township) carefully University Hospital Garrison (If rural, give Pocation) D STREET ADDRESS legibly. Yrs. Mos. c. Length of stay in Baltimore Days AGE (In years | | Under 1 Year | | Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DA and WIDOWED, DIVORCED (Specify) Female White ida 0.5 should 10B. KIND OF BUSINESS OR 12. CITIZEN OF early 10A. USUAL OCCUPATION (Give kind of WHAT COUNTRY INDUSTRY information s of death cle MAIDEN N FATHER'S NAME BINDING 15. WAS DECEASED EVER NU. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. (Yes, no or unknown) 20 item of in CAUSE OF DEATH DNSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fracture of skull (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Ever. RESERVED injury or complication which caused death.) ANTECEDENT CAUSES Lacerations and contusion of brain INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Lu 19B, MAJOR FINDINGS OF OPERATION U 20. AUTOPSY 19A. DATE OF OPERATION YES A important. DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING IT CAUSE OF DEATH. Craddock Home-Garrison, Md. home AINLY, 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE Struck on head with axe Jan. b. 1:00 A. m. especially WORK autopsy thereon and from 22. I certify that I took charge of the remains described above, held an _ 2 Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above 国 and death in my opinion resulted from: natural causes 🗌, accident 🔲, suicide 🗋, homicide 🛣 undetermined 🗍. X 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER.... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER ... Jan. 7, 1952 age MEDICAL INVESTIGATOR PLEASE NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BURIAL, CREMA-24B. DATE N. REMOVAL (Specify) DATE RECEIVED BY ADDRESS SIGNATURE EUNERAL DIRECTO LOCAL REGISTRAR esville 2/4 VS 151



C.	- (012					×	
, he		3 01	.94	ВА		EALTH DEPARTMENT E OF DEATH	Registered N	3 0194
		NAME OF D ype or Print)	ECEASED EDWARD RA	NKIN GF	RAVES		2. DATE OF Ja	m. 8, 1953
efully supplied oly.	B. H	FULL NAME	City, Maryland OF (If not in hospit US Public	al or institu Heal th	tion, give street address or Service location)	4. USUAL RESIDENCE (W A. STATE Mary la c. CITY OR TOWN, (Jf.	here deceased lived, If B. COUNTY	
efully	1N	Wyman	pk. Drive &	pital 31st St		Kensin	igton /	township)
legil			tay in Baltimore	पिपि da	Days		St. Paul Str	reet
uld be	5.	SEX	6. COLOR OR RACE	WIDOV	E. MARRIED. VED, DIVORCED (Specify)	12/29/02	9. AGE (In years last birthday) Mo	onths Days Hours Min.
on shou clearly	work	done during most of Messen	7	108. KINI	O OF BUSINESS OR INDUSTRY	Kentucky		12. CITIZEN OF WHAT COUNTRY?
ati	13	RO	oland Graves			Valleria Cam		
R BINDING	15 (Ye	. WAS DECEASE , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. 578-22-5155	17. INFORMANT Records- US PHS		odress lto, Md.
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cal	ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	SE OR CONDITION LEADING TO DEA' not mean the mode ore, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, IN HE ABOVE CAUSE (A) 'ING CONDITION LA	TH of dying, e. ; ns the disease caused death SES F ANY, GIVII STATING TI ST. TIONS COI NOT RELATI	R., (A) Use See, DUE TO (B) Character (C)	i glowerular que de gue	estub	INTERVAL BETWEEN ONSET AND DEATH
-	AL C		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
LY, WITH important.	MEDIC,	LYING OF		about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	eto.) INJURY OCCUR?	f in Baltimore City, a	
		OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		OCCUR?	
AITHE PL		22. I hereb deceased al	y certify that I att		and that death occur	rred at 3:45P m., from th		that I last saw the te date stated above.
PLEASH Correct a	D	A. BURIAL, ON REMOVAL (S MATE RECEIVE DCAL REGIST	D BY REGISTRAR	3/953		US PHS Hospital, ERY OR CREMATORY 24D. LC		or county) (State) ADDRESS
			1953	0	34094	Thomas J. No	ennyeln	C.

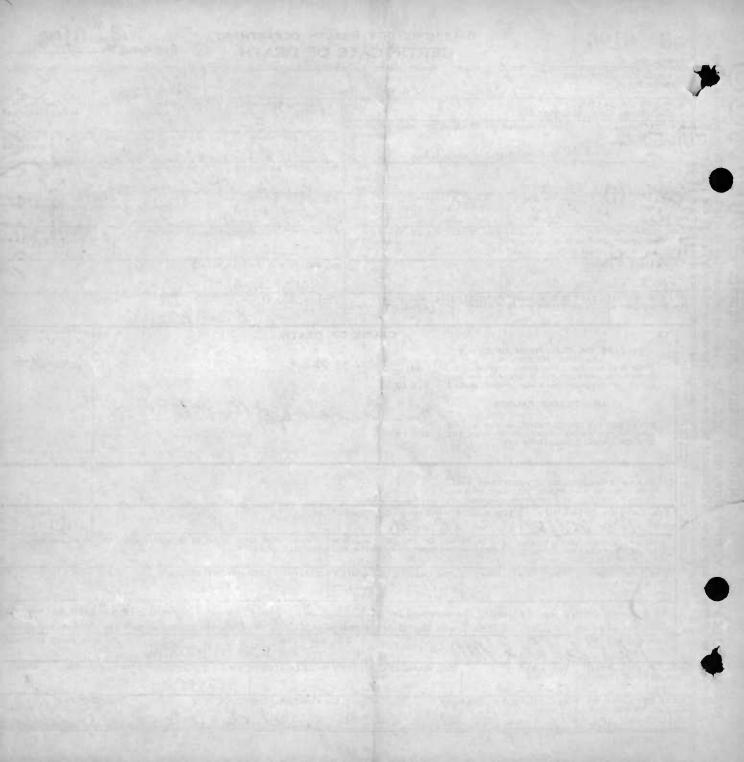
Benefit & Mountain

	3 0195 CERTIFICAT	E OF DEATH	Registered N	0195
	NAME OF DECEASED Type or Print) George H. Bauer		2. DATE OF Janu	uary 7,53
	Baltimore City, Maryland Baltimore	A. STATE	E (Where deceased lived. If i	institution : residence before admission
H	FULL NAME OF (If not in hospital or institution, give street address or location)		(If outside corporate limits	write RIIRAL and a
1N	NSTITUTION 2829 E. Madison St.	Baltimore	Md. 7	townsh
	Yrs. Mos.	D. STREET ADDRESS		
_	Length of stay in Baltimore LII Days			
Э.	M. 6.COLOR OR RACE 7. SINGLE, MARRIED. WLOOWED, DIVORCED (Specify WILLOW	8. DATE OF BIRTH 8/19/1879		under I Year If Under 24 Hours M
	OA. USUAL OCCUPATION (Give kind of relative done during most of working life, even if retired) RUNDER 1st Nat, Bank	Baltimore		12. CITIZEN OF WHAT COUNT
13	Runner 1st Nat. Bank 3. FATHER'S NAME	14. MOTHER'S MAIDE	Md.	
	John B.	Sophia Zaec		
15 Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6s, no or unknown) (If yes, give war or dates of service) NO 217-14-1259	17. INFORMANT Geo. Bauer	AL	DDRESS
		OF DEATH		ONSET AND DE
	LEADING TO DEATH			
	(This does not mean the mode of dying, e.g., (A)	te Carchae 1	aluce	2 days
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	te Cardiac /	aluce	2 days
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	te Cardiac 1	Padolos	2 days
NOI	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	te Carbae 1 cenoma J B	ladder	2 years
∢	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	te Carbae l cenema J B	ladoler	2 years
۷ V	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	te Carbae l cenoma J B	ladober	2 years
RTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	te Carbae l cenema J B	ladoler	2 years
ERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		ladober	2 years
AL CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		Cadoler	2 years 2 years 20. AUTOPSY YES \(\sqrt{NO} \)
DICAL CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. PLACE OF INJURY (e.g., g., about bome, farm, factory, street, office bldg.	RATION in or 21c. WHERE DID	(If in Baltimore City, g	YES NO
DICAL CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT NOT WHILE	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJ	(If in Baltimore City, g	YES NO
DICAL CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURFOR INJURY OF INJUR	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJ	(If in Baltimore City, g	YES NO
DICAL CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURFOR INJURY (AT WORK AT WO	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJ	(If in Baltimore City, g	YES NO NO Sive exact location)
DICAL CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY MORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 1953, 1953 and that death occur	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJ	(If in Baltimore City, g	YES NO Rive exact location) I that I last saw we date stated above
MEDICAL CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 19 and 19 and that death occur 23 and that CREMA 24B DATE 24C NAME OF CEMETICAL CREMA 2	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURY C. 2 , 195, to rred at 5 , m., free 23g. ADDRESS	(If in Baltimore City, g	YES NO Rive exact location) Sthat I last saw the date stated about 1230. DATE SIGN
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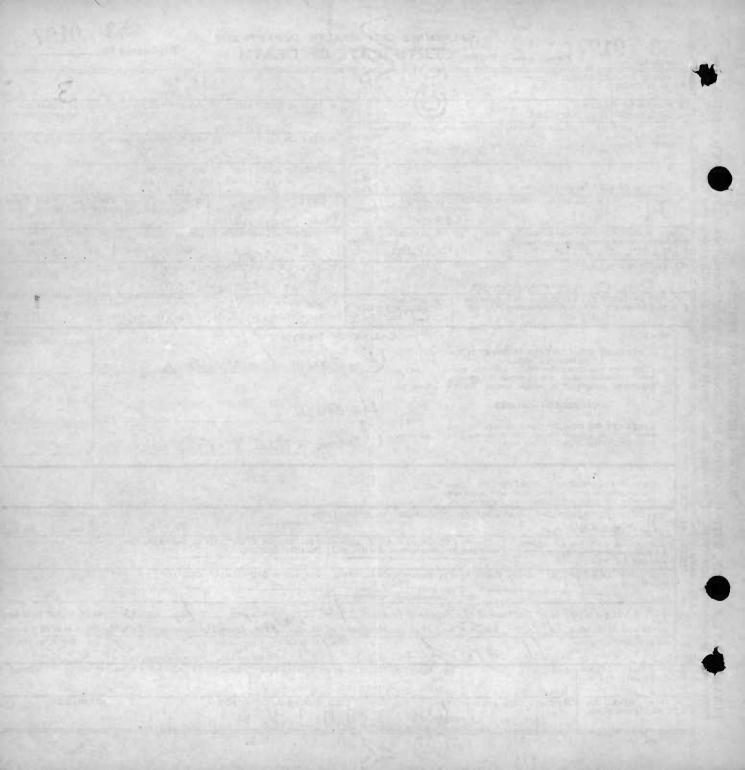
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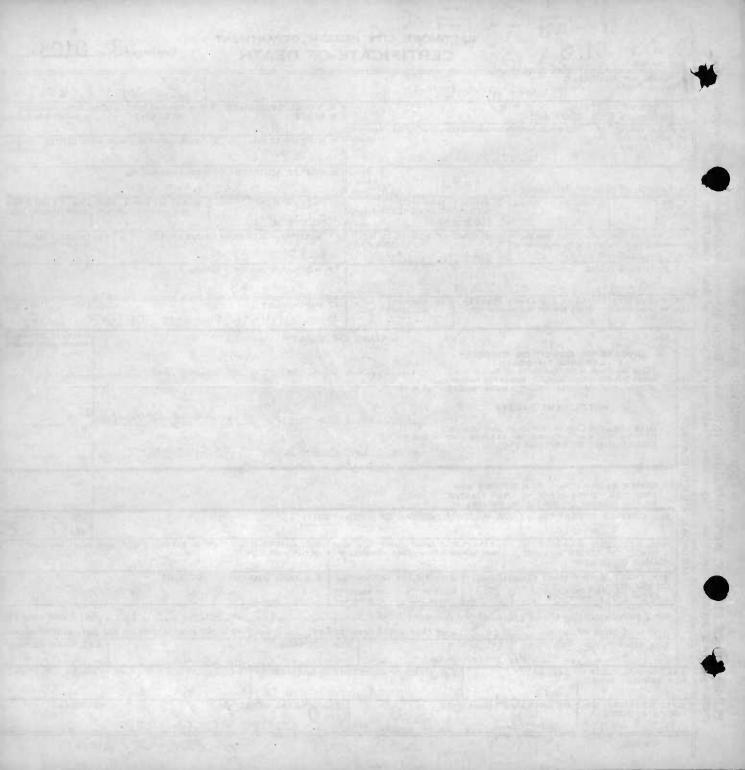
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PLEAS	Burial Jan. 9, 1953 Loudon Park Cemetery Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR ADDRESS				
PL	L	OCAL REGISTRAR	25. FUNERAL DIRECTOR		DRESS
	=	AN 9-1953 TELES MILES MI	H. Sander & Sor	ns, Inc.	1
		VS 150	Balto., Md.	Bear to 6	tender



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 0108 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) GEORGE J. FRITSCH DEATH Jan. 7, 1953 fully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2816 Kentucky Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2816 Kentucky Ave. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | 1 Under 1 Year | 1 Under 24 Hours | Months Days | Hours | Min. 8. DATE OF BIRTH information should learly and March 17, 1876 Married 10A. USUAL OCCUPATION (Give kind of 11. 8IRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Baltimore, Md. Police-Retired 1 t.v 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Aloyius Fritsch Margaret Benning 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 2816 Kentucky 9-10-1616 Mrs. Minnie Fitsch INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: pl OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from Dec 15, 195710 that I last saw the and that death occurred at 11:45 from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) AC. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore, Md. Baltimore Cemeterly Jan. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Sander ons



before admission)

12. CITIZEN OF

WHAT COUNT

INTERVAL BETWEEN

ONSET AND DEATH

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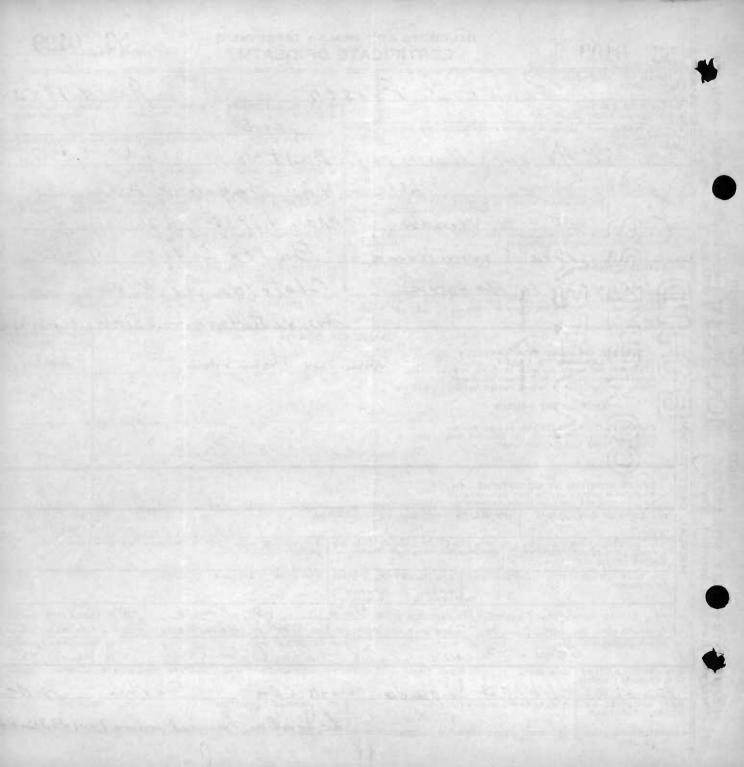
3c. DATE SIGNED

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YES

township)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1217 St. Paul Street

Registered No. 1. NAME OF DECEASED 2. DATE OF JAMES E. MILLER January 7, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give 6005 Sycamore Road township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 6005 Sycamore Road c. Length of stav in Baltimore Days 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) tf Under 1 Year If Under 24 Hours last hirthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) white Sept. 1, 1882 IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ret. Salesman Automobile Washington. D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Miller Ella Reedv 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Amanda V. Miller, 6005 Sycamore Road INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY econquiation à bedeur LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: pl UNDERLYING CONDITION LAST. (C) ERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OPERATION A 198. MAJOR FINDINGS OF OPERATION any nepuroma DICA 21B. PLACE OF INJURY (e. g., In or about some, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 1953, that I last saw the 22. I hereby certify that I attended the deceased from alug 1980, 19 to / Au 1953, and that death occurred at & m., from the causes and on the date stated above, deceased alive on_ 23A. SUNATURE 23c. DATE SIGNED 24A. GURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Anne Arundel County, Maryland 1/10/53 Cedar Hill Cemetery burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

LOCAL REGISTRAR

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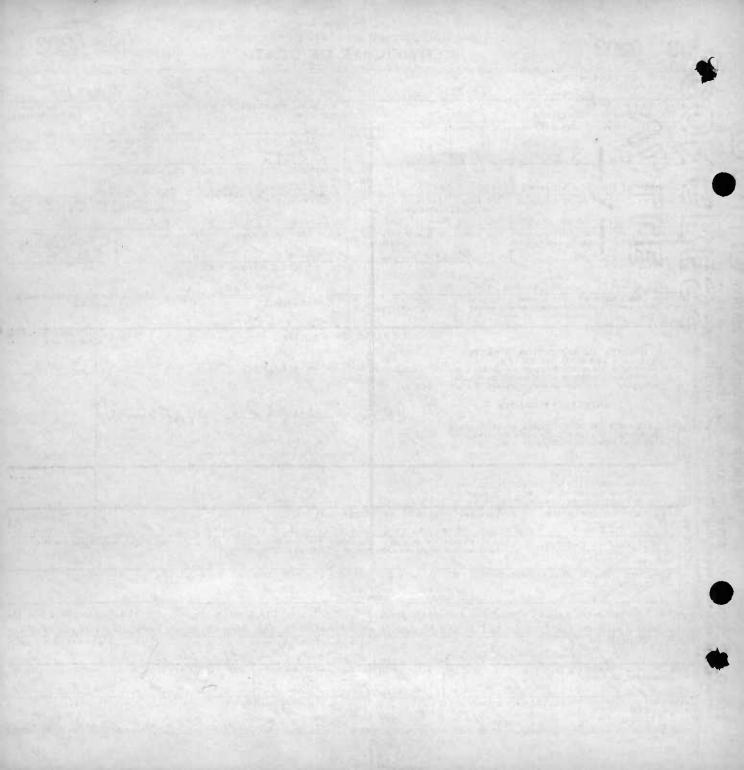
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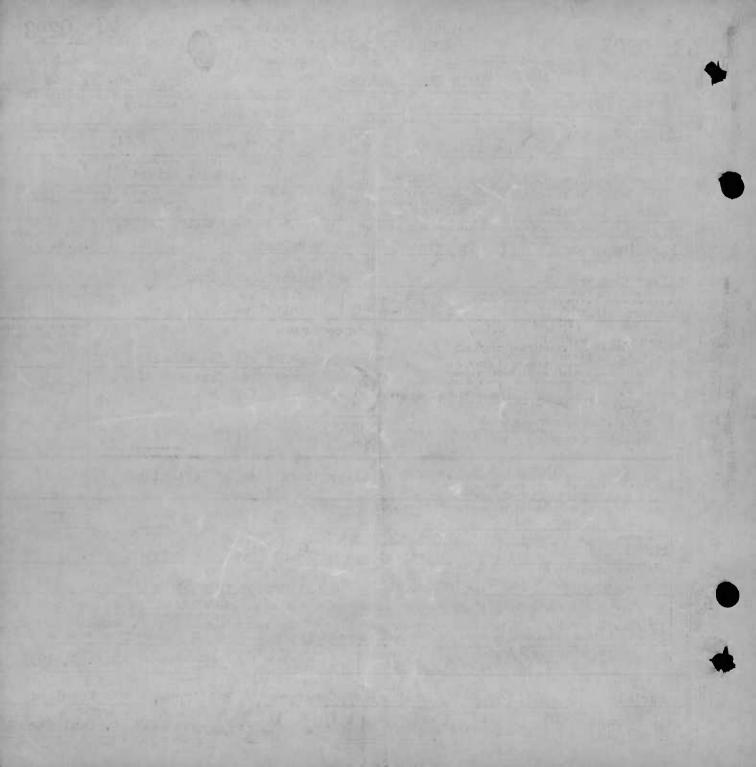
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		STITUTION	location)	c. CITY OR TOWN (If	outside corporate lin	nits, write RURAL and give township)
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Is		23A. SIGNATURE	lam M.D.	Frolly &.	Ump	23c. DATE SIGNED
SE	THE	A. BURIAL, GREMA- 248. DATE	24C. NAME OF CEMETER	7)	CATION (City, tow	n, or county) (State)
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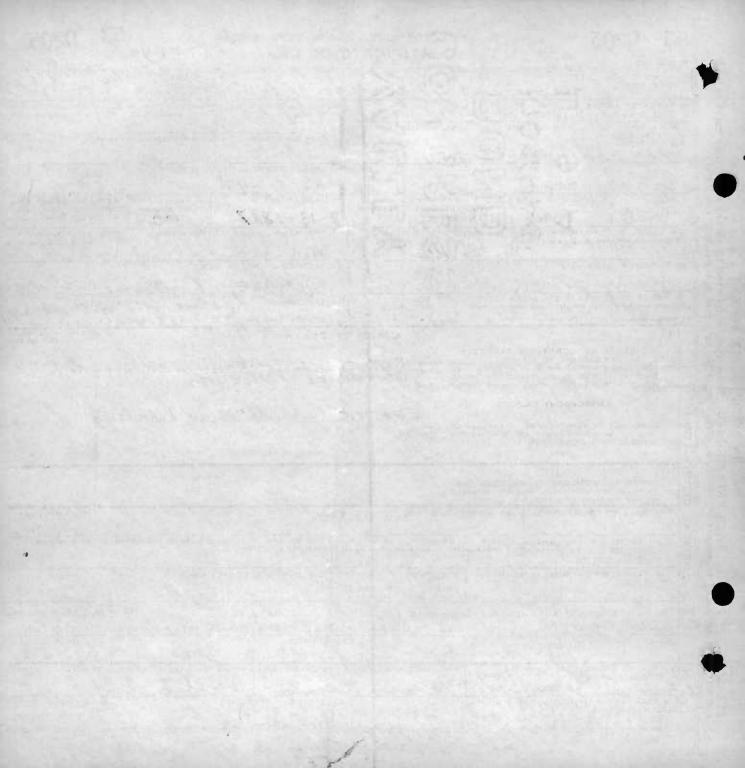
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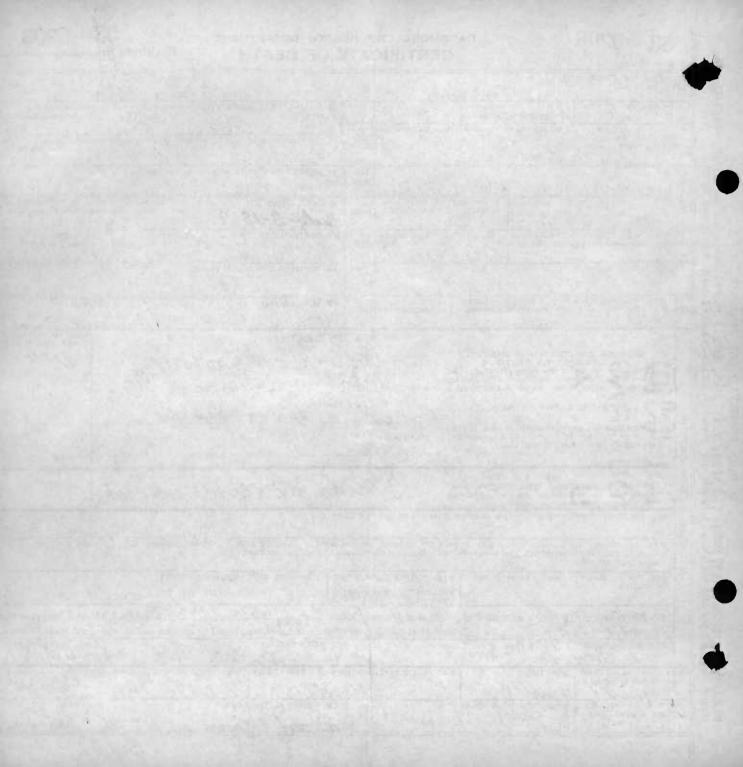




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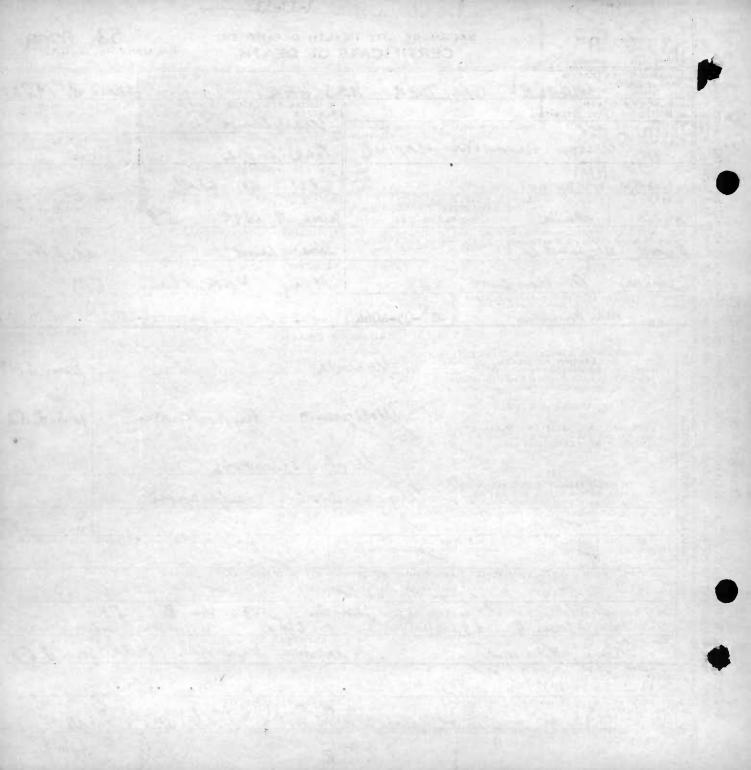
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	А.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or inst	itution, give street address or	4. USUAL RESIDENCE	Where deceased lived. If inst B. COUNTY	itution: residence before admission)
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	-	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SIN	Mos. Days	3918 - 4th	rural, give location) 5 /- 9. AGE (In years) Under	r 1 Year 11 Under 24 Hours
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) refully (If outside corporate limits, write Itt) RAL and give C. CITY OR INSTITUTION Kanited should be refu D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years) If Under 1 Year last hirthday) Months Days Hours Min. in ale Mari LOG 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) Power Utility INDUSTRY WHAT COUNTRY information s Dispatcher 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Mrs. C. Walter Haschert-2011 N. Wolfe St 2-05-4064 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Verenis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING UNFADING Physicians: pl RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Mephroschoon's 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS 20. AUTOPS EDICAL important. 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Bultimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY ecially NOT WHILE 22. I hereby certify that I attended the deceased from 19 13 to 1800 S. , 19 That I last saw the deceased alive on. . 19 11. and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREM TION, REMOVAL (Specify 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Parkwood Cem. Balto. Co., Md. Burial DATE RECEIVED BY AUDRESS REGISTRAR'S SIGNATURE 25 FUNERAL PIRECTO 9-195 VS 150



ADING information should be carefully supplied. The cof death clearly and legibly.	5 BI	3 02d0 BALTIMORE CITY HE CERTIFICATI		53 Registered No.	0310
		NAME OF DECEASED ROBERT P. HAMILL		of Jan.	7, 1953
	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (WI		itution : residence before admission
	HO	OSPITAL OR STITUTION 402 E. Randall St.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
	/	Yrs. Mos.		urai, give location)	
	_	Length of stay in Baltimore Days	402 E. Randall St.		
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	work	A. USUAL OCCUPATION (Givekind of done during most of working life, even If retired) Self Employed Building Contracting	11. BIRTHPLACE (State or for Maryland	eign country) 12	. CITIZEN OF WHAT COUNTRY
atic th	13	. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
VG rm dea		James Hammill	Mary Mitchell		
BINDING of inform uses of dea	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) yes World War I 16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mr. Edward Johanson-4805 Pennington Ave.		
ESERVED FOR INK. Every item lease write the car	CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	rie Myrasdia Lerioseles	l Degenerali.	2 ys
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RITE PLAN is especially			38. ADDRESS TO The	re,	3c. DATE SIGNED
200	24	4A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	RY OR CREMATORY 24D. LO	CATION (City, town, or	county) (State)
LEASI rrect a		Burial 1/12/53 Balto, Nation	al Cem. Balto	o., Md.	
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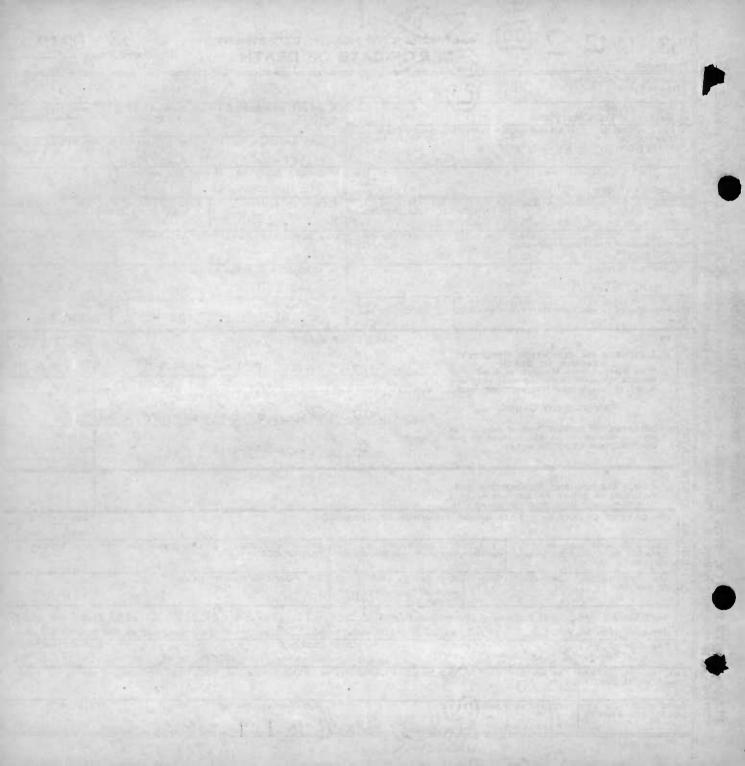
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED 2. DATE Jan. 8.1953 ANNIE ELIZ. TAYLOR DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Hood Nursing Home Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos 525 Radnor Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under | Year last hirthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Nov. 2, 1868 white widowed 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Md. at home housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sallie Foy Edmond S. Culp 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mrs. Miriam T. Burke - 525 Radnor Ave. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH rery 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NLY, WITH important. YES 218. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? AT WORK WORK Jan 8 22. I hereby certify that I attended the deceased from august . 1952 to . 1953, that I last saw the deceased alive on Jon 6 19 53, and that death occurred at 5 A m., from the causes and on the date stated above. 23A. SIGNATURE U 23B. ADDRESS 23c. DATE/SIGNED 600 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 248. DATE 1/10/53 Cecilton Cem. Cecilton, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE PUNERAL DIRECTOR LOCAL REGISTRAR

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53 o	0		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	53 Registered No	02d3
1. NAME O (Type or Pri	F DECEASED Willis	am Thor	mas Boyd, Si	•	of DEATH Jan.	6, 1953
A. Baltimo	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) Provident hosp. Provident hosp. Yrs. Mos. Days			4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived. If in B. COUNTY	stitution : residence before admission)
HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore D. STREET ADDRESS (If rural, give location) 1313 W. Lafayette Ave.		
c. Length						
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify) WEd	8. DATE OF BIRTH	9. AGE (In years If Un	der 1 Year hs Days Hours Min.
IOA. USUAL work done during Butc.	OCCUPATION (Give kind of most of working life, even If retired)		of Business or INDUSTRY employed	11. BIRTHPLACE (State or for Brighton Co. N		2. CITIZEN OF WHAT COUNTRY
	Toney Boyd			14. MOTHER'S MAIDEN N. Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ao or naknown) (If yes, give war or dates of service) SECURITY NO.			17. Miss atherine Boyd ADDRESS 1313 W. Lafavette Ave			
(This heart	EEASE OR CONDITION LEADING TO DEA does not mean the mode of failure, asthenia, etc. It mea or complication which	DIRECTLY TH of dying, e. g	Cong	of DEATH estive Heart F.		INTERVAL BETWEEN ONSET AND DEATH
z	ANTECEDENT CAUSES Diabetis Melitis				?	
RISE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) A.H.C.V.			?		
OTHE TRIBU	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	one	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO
LYING	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., In or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give INJURY OCCUR?)			e exact location)		
21D. TIM	E (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	

? 20. AUTOPSY NO X YES L exact location) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK WORK 22. I hereby certify that Lattended the deceased from Nov . 4 Jan.6 1923, that I last saw the A.M., from the causes and on the date stated above. and that death occurred at. 844 N.Ca 23c. DATE SIGNED N. Carey St. Balt. Md. 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

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Burial DATE RECEIVED BY

LOCAL REGISTRAR

deceased alive on

24A. BURIAL CREMA- 24B. DATE

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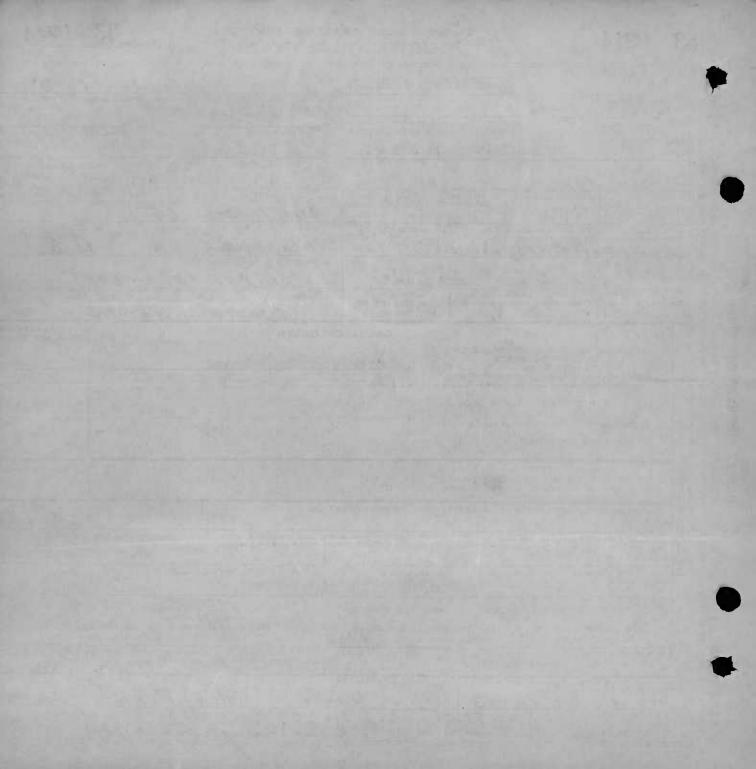
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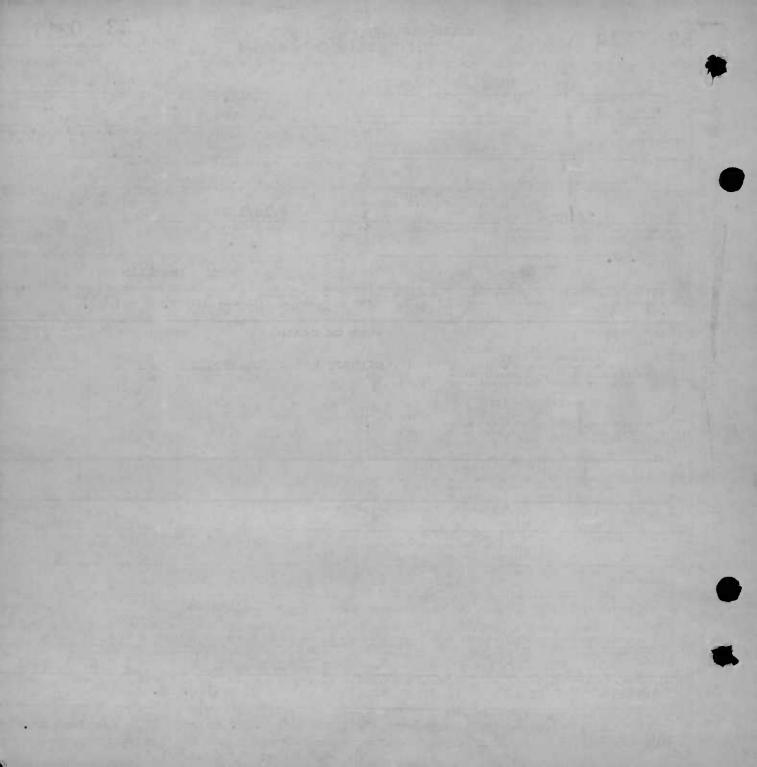
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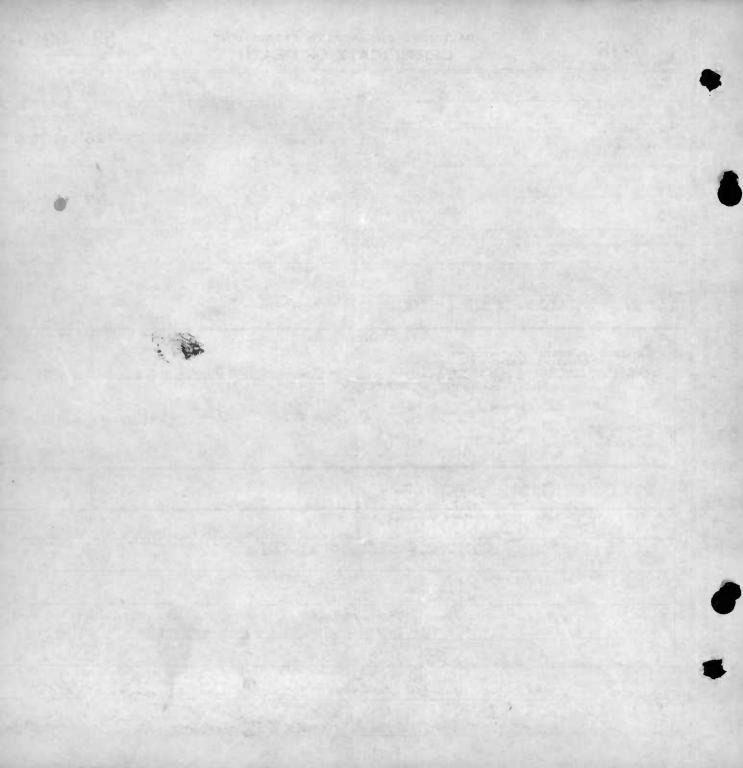


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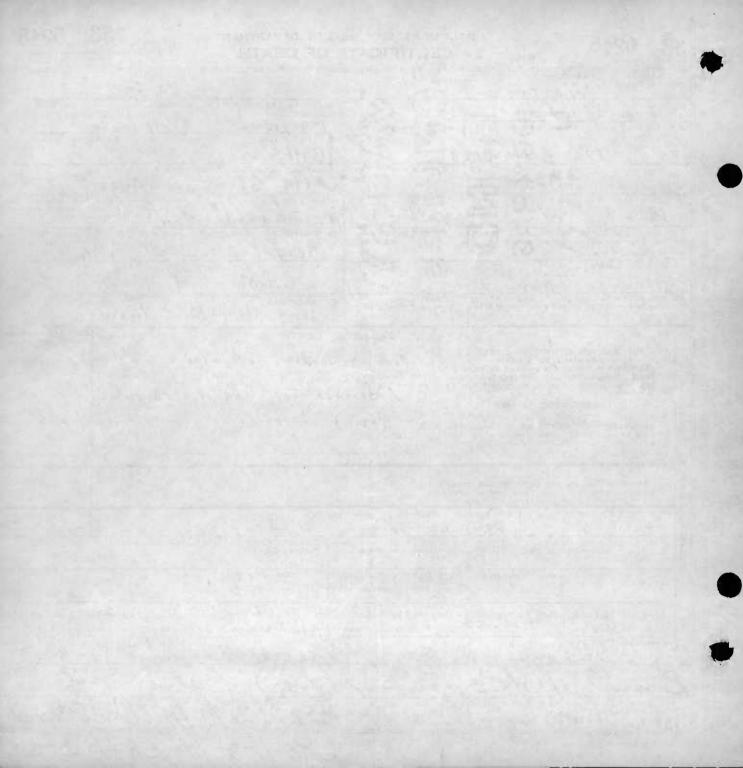
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ig.		NAME OF DECEASED Type or Print) M ARIA BON ALUTO	2. DATE OF DEATH	7-1953
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ns /	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		write DATE And also
fully y.	IN	631 McCAbe Ave	BALTIMORE /-/	township)
d be arefu	0	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
d le	-	Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years)	Under I Yest If Under 24 Hours
uld an	F	Female White MATTIES (Specify)		nths Days Hours Min.
NDING information should of death clearly ar	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
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GIN RESERVED FOR BIN JING INK. Every item of i ans: please write the causes	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) UNDERLYING CONDITION LAST.	te Coma Infraction vertire cardis Vascul Nabelis	INTERVAL BETWEEN ONSET AND DEATH
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
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reci		22. I hereby certify that I attended the deceased from 1		That I last saw the
RITE is esp		deceased alive on 17, 1953, and that death occur	rred at for m., from the causes and on the	e date stated above
N. i.		Uch forister M.D.	204 (Prodle St	. 1813
S. t a	TIC	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town,	or county) (State)
PLEAS:		ATE RECEIVED BY REGISTRAR'S SIGNATURE	ener BALTIMORA 1 25. FUNERAL DIRECTOR	ADDRESS
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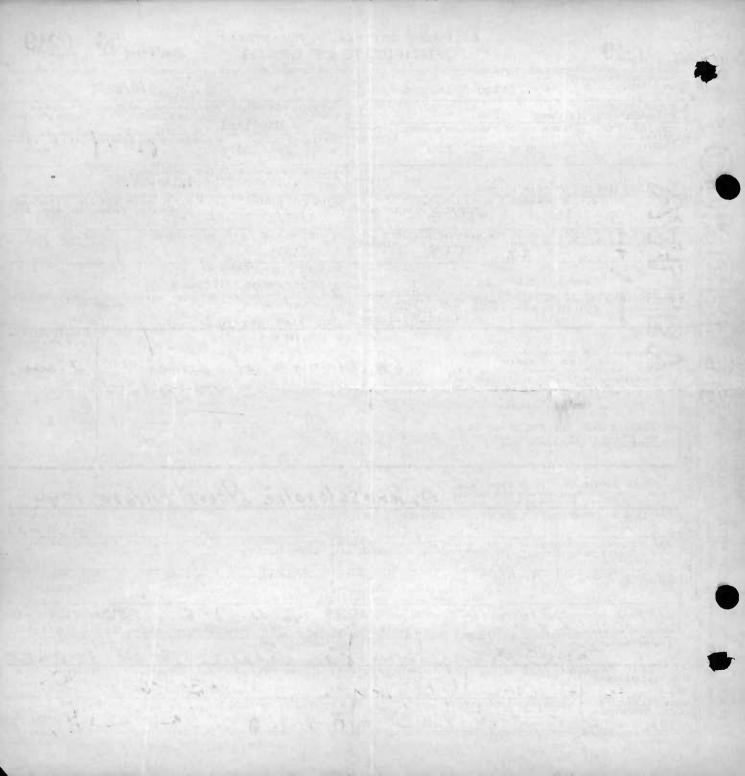
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BALTIMORE CITY HEALTH DEPARTMENT

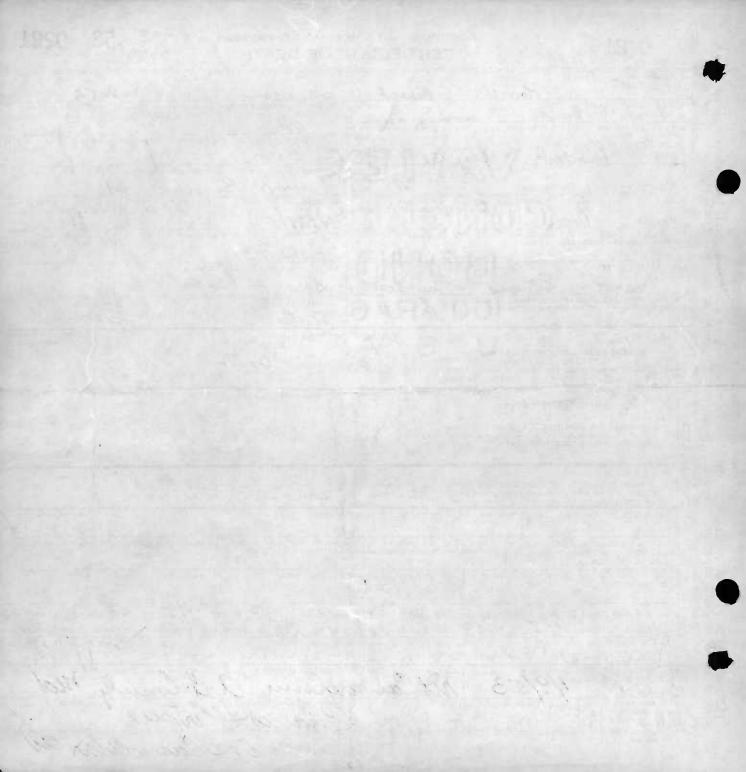
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BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Mr. Pietro Citrano	2. DATE OF DEATH 1/8/1953
3. PLACE OF DEATH: A. Baltimore City, Maryland Yes B. FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR INSTITUTION Bon Secours Hospital	
c. Length of stay in Baltimore Yrs. Nos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Widower	
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) FRUIT SALES MARRETIZED	11. BIRTHPLACE (State or foreign country) Italy 12. CITIZEN OF WHAT COUNTRY?
Joseph Citrano	14. MOTHER'S MAIDEN NAME Constance Citrano
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 214-03-1990	17. INFORMANT ADDRESS Hospital Record
Reart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
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21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURF OF INJURY	
23A. SIGNATURE	29 3, 195), to 1-8, 1953 that I last saw the greed at 2 Rm., from the eauses and on the date stated above. 238. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL AND 24B. DATE 24C. NAME OF CEMET 13URIAL AND M.D. 24B. DATE 14C. NAME OF CEMET 15URIAL AND M.D.	LEGUEL 4430 Belain Rd
LOCAL REGISTRAR IAN 9 = 1953 Tuntingten Williams M	PORUM Della War 322 S. High H
VS 150	06A



	RTH NO. 2	1-2685			E OF DEATH	Lo DATE		
	NAME OF DI ype or Print)		LORETHA	JONES		OF DEATH Ja	n. 6, 195	3.
	PLACE OF DI			LA HICLER	4. USUAL RESIDENCE	(Where deceased lived.	. If institution :	residence e admissior
В.	FULL NAME OSPITAL OR		ital or institution	n, give street address or location)		If outside corpo a e li	A LUI	AL and giv
	STITUTION	214 Myrt	le Avenue		Baltimor		mis, whee R	township
-6	MU			Yrs. Mos.	D. STREET ADDRESS (£		
7		tay in Baltimore		FE Days	214 Myrt	le Avenue	I If Under 1 Year	If Under 24 Hour
	SEX	6. COLOR OR RACE	WIDOWE	D. DIVORCED (Specify)			Months Days	
10		Colored CUPATION (Give kind of		OF BUSINESS OR	11/17/1951 11. BIRTHPLACE (State or	foreign country)	12. CITIZE	
	NFANR	f working life, even if retired	-	INDUSTRY	BALTIMORE.	MD.	WHAT	COUNTRY
	. FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME		./
15		JONES D EVER IN U. S. ARME	ED EODCES? I	16, SOCIAL	ISABELL WA	LKER	1000000	/
(Yes	NO or unknown)	(If yes, give war or dat	tes of service)	SECURITY NO.	ISABELLA JO	MES(M)216	ADDRESS MVPMT DA	37
	18. 490	V			OF DEATH	MBS(M/SIO	INTERV	AL BETWEE
	(This does	LEADING TO DE. not mean the mode re, asthenia, etc. It me complication which	ATH of dying, e.g., eans the disease,	(A) Pneumo	onia, bilateral		ONSET	
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CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF BOLLINGER January 8, 1953 HOVARD Hobert DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland Harford (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION carefully Johns Hopkins Hospital Havre de Grace D. STREET ADDRESS (If rural, give location) legibly. Yrs. Mos. 520 N. Stokes Street c. Length of stay in Baltimore Days 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF information shou work doneduring most of working life, even if retired)

Camery Worker WHAT COUNTRY Canning Factory Orbisonia, Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bayton Bollinger Elizabeth Watters BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) 2-10-9321 Raymond Bollinger-Mt. Union, Penna Every item of i INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchiectasis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) XXX XXXX ANTECEDENT CAUSES Lung abscess DISEASES OR CONDITIONS, IF ANY, GIVING XXX XXXX RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Confluent bronchopneumonia of left lung UNFADING Physicians: (C) MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING TI CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ecially WORK Autopsy thereon and from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry esp the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes A, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 203 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER age Jan. MEDICAL INVESTIGATOR SE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248 DATE 1/9/53 Removal Orbisonia Penna. DATE RECEIVED BY REGISTRAR'S SIGNATURE 100 Coloron LOCAL REGISTRAR 151

Comments on the contract of th

N. P. S. S. S.

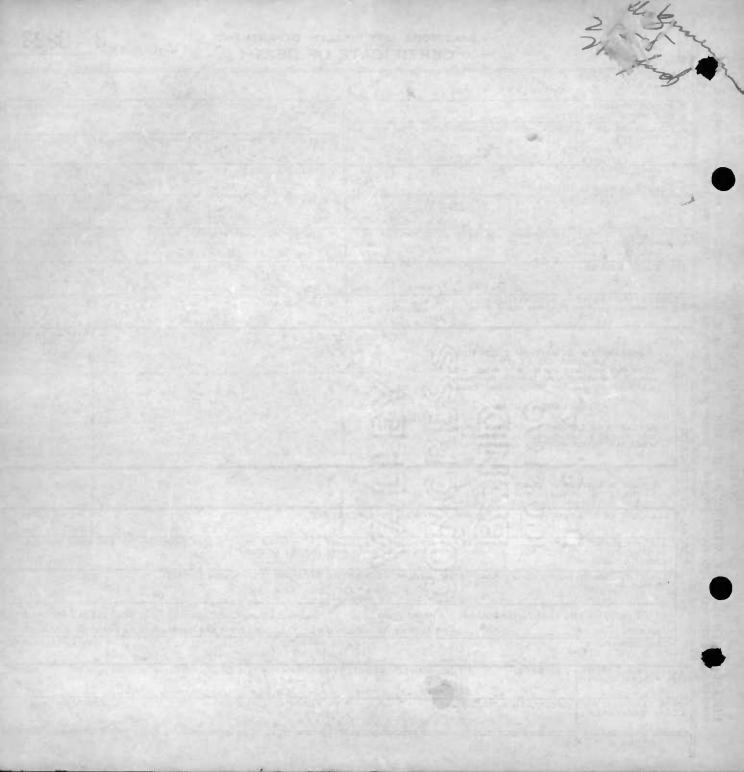
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 0223

E.	1	INTERIOR	
d.		NAME OF DECEASED Spe or Print) Mildred M. Wolfe	2. DATE OF DEATH / - 8. 3.3
supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits) write RURAL and give
fully ly.		1749 montpullin It	Bulle 4-01 township)
egib	C	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
should be early and l	- Charles Contraction	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. GE (In years it linder I year Months; Days Hours Min.
on shoul	10	PA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF
on s		doneduring most of working life, even [fretired] INDUSTRY	Persoille med WHAT COUNTRY?
information s of death cle	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
forn f de	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17) INFORMANT ADDRESS
of in	(Yes	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	John W. Wolfe 1749 houthode H
		114%	DEATH ONSET AND DEATH
y item the cau		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	mia
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
. 0		ANTECEDENT CAUSES	mir Nophriter
INK.	o N	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
DING ians: p	CAT	UNDERLYING CONDITION LAST. (C) (C)	nome of Vierus
A	RTIF	II OTHER SIGNIFICANT CONDITIONS CON-	
UNF	CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H		19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	4 1 4
LY, WITH important.	DICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location)
odw	MEI	CAUSE OF DEATH	
E III		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?
PL, ecial		22. I hereby certify that I attended the deceased from	eft, 1952, to June, 1953, that I last saw the
TE		deceased alive on 1991, 7, 1953, and that death occur	red at 11:15 Mh., from the eauses and on the date stated above.
I S		23A. SIGNATURE ON M. D.	38. ADDRESS 2 FS To ford Kd 230. DATE SIGNED 1952
SE ag	24 TIC	4A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
PLEASE	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FANERAL DIRECTOR ADDRESS
PI		IAM Q - 1050	Talker o 5305/parlet 12
	=	VS 150	W. C. S.



5-	BI	BALTIMORE CITY HE 18TH NO. 3 3 - 006 45 CERTIFICATE	3-4	0224
lied.	(T	NAME OF DECEASED Slide, Brby Girl PLACE OF DEATH:	2. OATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If he	53 stitution residence
efully supplied	B. H(Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location)	A. STATE B. COUNTY COCITY OF TOWN (If outside corporate limites	before admission
e efully legibly.	IN	University Hosp.	D. STREET ADDRESS (If pyral give location)	towAship
rd b	1	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVERCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Unilast birthday) Month	der 1 Year II Under 24 Hours hs: Days House Min.
shou	10 work	A. USUAL OCCUPATION (Givekiod of a done during most of working life, even if retired) INDUSTRY	1-8-43	2. CITIZEN OF WHAT COUNTRY
atic	13	FATHER'S NAME Herbet a. Slide	14. MOTHER'S MAIDEN NAME	92
BINDING of inform uses of dea	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? B. no or nokoowo) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. Nove	17. INFORMANT ADD Wolher	RESS
RESERVED FOR INK. Every item please write the cau	ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Resperatory failure	INTERVAL BETWEE
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
Prof.	ICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER. 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, give	20. AUTOPSY? YES NO e exact location)
LY, impo	MED	About home, farm, fectory, street, office bldg., e 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY MHILE AT NOT WHILE AT WORK		
RITE PL.		deceased alive on 1952, and that death occur	red at 6:25 m., from the causes and on the	that I last saw th date stated above 23c. PARE SIGNED
PLEASE correct age	TIC	Durial 1-10-53 Bollinone	RY OR CREMATORY 240. LOCATION (City, town, or Lemetery Palto. Me	d.
PLI	LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE	remark tuck 5305	Harford Ma
		VS 150	Talls.	14. ma

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AND DEATH

REED - Mary Earl Ruse Hall De Paler Baltemore 2614- 20 Parte and 66 426c Mother 1120 18/864 88 Housele Houmahing Englishinger Tensey U. J. J. Enter Thing (Anterior) Carl Herm Eytholinger Ensuror after. 16 Bural Mups Wood lawrelinatery Rullinson, " Cond Cles See to March Street Horn Son

UNFADING INK. Every item of information should be carefully supply. Physicians: please write the causes of death clearly and legibly.

PLEANE WRITE PLAINLY, WITH correct age is especially important.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

Registered No....

M. D.

Date signed 1-9-53

CERTIFICATE OF DEATH

OLIVII IOX		
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Md (b) County Harford	4
(b) Street address 2829 Rose lawn Ave	(a) State (b) County	
(c) Hospital or institution:	(c) City or town Cardiff	
1-1)	(If outside city or town limits, write RURA)	L and give town
	(d) Street No(If rugal give location)	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?	Yes or No
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days	If yes, name country	
3 (a) FULL NAME Cadwalade Price	420.100000000000000000000000000000000000	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	AND DESCRIPTION OF STREET
No. 22 0 - 05 - 666.5	20. DATE OF DEATH January 9, 1953	at >30 A N
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Widowed	21. I certify that death occurred on the date above state ed deceased from 126, 1952, to	d; that I attend
6 (b) Name of husband or wife Elizabeth Price	and that I last saw him alive on Jan. 7. 19	
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) Apr. 29, 1871	Acute pulmonary edema	1 hour
8. AGE: Years Months Days If less than one day	and the second s	
81 8 10 hr. min.	Due to Chr. coronary arterio-	
	Slerosis	
9. Birthplace North Wales (Town, county, and state)	Due to	The second
10. Usual Occupation Blackmith	1637 HUNT III - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	tar and a second
11. Industry or business Industry	Other Conditions Broncho- Pnehmonia	10 days
E 12. Name Ellis Price	***************************************	PHYSICIAN
The first street of the control of t	(Include pregnancy within 3 months of death) Date of operation	100
13. Birthplace Wales	Major findings of operation:	Underline the
14. Maiden Name UN Kee WN	Major midnige of operation	death should h
14. Maiden Name. UN Kee W.N.	of autopsy:	charged statis
16 (a) Informant Mrs Catherine Smith	22. If death was due to external causes, fill in the fo	
	(a) Accident, suicide, or homicide	
(b) Address 2829 Roselawn Dr	(b) Date of occurrence	
17 (a) Date thereof (b) Date thereof	(c) Where did injury occur?	
(Burial, cremation, or removal) (month) (day) (year)	(City or town) (Coun	ity) (State)
(c) Cemetery or state RIDGE	(d) Did injury occur about home, on farm, industrial	
Location ARK COLLARA	place?	k?
18 (a) Funeral director.	(c) Means of injury	
(b) Address Penta, Penna.	23. Signature Consolal Land	01

8

Registrar

(Date ree'd by Yogistrar)

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WEST TO TRADITION TO

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a scries of discase entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

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cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

-RYANG NO WIAM I

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

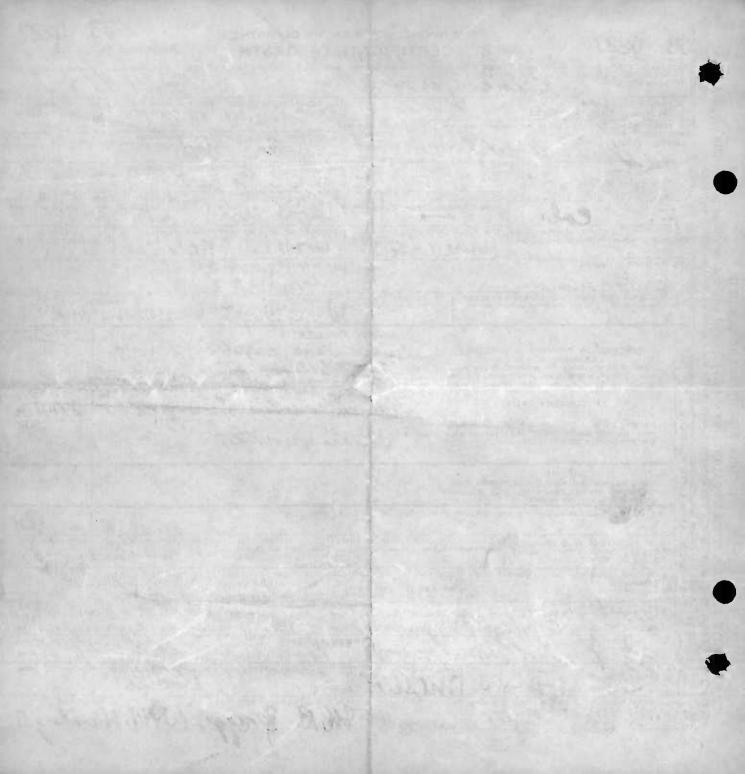
TEURIAN SEASE REVOLE

BELLE, He Me Loted

before admission)

DATE SIGNED

township)



al.	33 BI	3 2 0 BALTIMORE CITY HE CERTIFICAT		Registered No.	0228
efully supplied.	1. (T	NAME OF DECEASED Carl Yeatt 3		2. DATE OF DEATH 1/9	153
	B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) ISTITUTION Jack Street address or location location)		cre deceased lived. If ins B. COUNTY atside corporate limits, v	before admission)
efull legibly.	4	Lutheran Hoffital of Ud.	D. STREET ADDRESS, III ru	ral, give location)	township)
be leg	-	Length of stay in Baltimore Velic Mos. Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		ound Rd 9. AGE (In years) II Um	der 1 Year It Under 24 Hours
ould ly an	10	MIDOWED, DIVORCED (Specify) MA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	7/29/1927 11. BIRTHPLACE (State or fore	last birthday) Month	hs Days Hours Min.
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RESEI G INK.	ICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	phired app	enolize	
MARGIN UNFADING Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
н	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	benove localized	pentomites	YES NO
	EDICAL	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (d. g., in about home, form, factory, etreet, office bldg., etc.)		in Baltimore City, give	e exact location)
	M	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK AT WORK			
RITE PL	1	22. I hereby certify that I attended the deceased from deceased alive on Jan. 9., 19 53, and that death occur 23A. SIGNATURE	red at 12 m., from the	causes and on the	23c. DATE SIGNED
PLEASE correct ag	24 TIO	4A. BURIAL CREMA- 24B/DATE 24C. NAME OF CEMETE 1-10-53	0. 1	CATION (City, town, or	county (State)
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE	Shan Director	cets 814W.	DDRESS
		VS 150 490	6 T	J	

Figh . + Signature / Mart to Arrive and an order Mart for the

BALTIMORE CITY HEALTH DEPARTMENT

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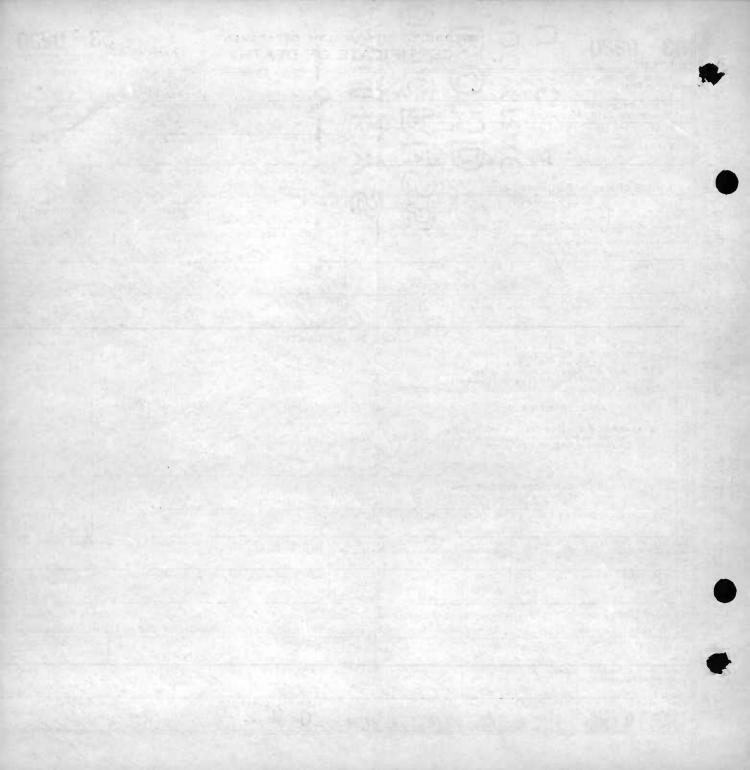
ВІ	RTH NO.			CLIV	ITICAT	E Oi	DEATE	1	8		
	NAME OF D ype or Print)	Christ	INA	W.	Hein	17			2. DATE OF DEATH	,	-53
A.	PLACE OF D Baltimore (FULL NAME	City, Maryland		1/ Nur	sing Hom	A ST	SUAL RESIDE	NCE (Who	ere deceased liv		itution : residence before admission)
H	STITUTION	2 / 4/-1/	11		location		TY OR TOWN		M.	e limits.	rite RURAL and give t(whship)
5		eech /7.//	NURSI	Ng	Yrs. Mos.	o. ST	REET ADDRES	1	ral give locati	on)	/-
	Length of s	tay in Baltimore	7. SINGL	E MADDI	Days	1000	TE OF BIRTH	CNN	9. AGE Anye	are It linds	1 Year If Under 24 Hours
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	Philli	P. Ho	PINZ			CI	pristin	VA F	HERR	MA	NN
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	18. 4 L	4 x and se or condition	260)		CAUSE	OF D	EATH				INTERVAL BETWEEN ONSET AND DEATH
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	22. I hereb	y certify that I at	-					2 to 1 -	8-	19.53t	hat I last saw the
		live on) - 6-									
	23A. SIGNA	W. Pew	he		м. о.	23B. AD	8 Hans	lord	Kvad	/ 2	3c. DATE SIGNED
2. TI	A. BURIAL	CREMA- 24B. DATE Specify)	(3)	24C. NAM	ME OF CEMET	16	CREMATORY	240. LO	CATION (City		State)
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PLEASE correct a

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d. The	5	3 0230 RTH NO.		RTIFICATE	OF DEATH	Registered No	3 0230
		NAME OF DECEASED Type or Print)	achel	Mon	2e_	2. DATE OF DEATH	18 1953
efully supplied bly.	Α.	PLACE OF DEATH: Baltimore City, Marylan FULL NAME OF (If not in	d 5259 Coo.	edelialine 1	STATE	Where deceased fived. If in	before admission
ully s	H	DISPITAL OR ISTITUTION	a doli- (loss ties \	CITY OF TOWN (I	f outside corporate limits,	
legi	c.	Length of stay in Baltime	ore Life	Yrs. Mos. Dsys	STREET ADDRESS OF	rural, give location	Evenue
ga	-	SEX 6. COLOR OR F			DATE OF BIRTH	9. AGE (In years last birthday) Mon	Inde: 1 Year It Under 24 Hours ths Days Hours Min.
n shoi	10 worl	A. USUAL OCCUPATION (Give a done during most of working life, even)	kind of 108. KIND OF retired)	BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
VDING information should of death clearly an	13	FATHER'S NAME	Echon	fino 1	4. MOTHER'S MAIDEN N	AME 11 · Cha	W. Aill
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Rem		18. 420,0		CAUSE OF	DEATH	· Moore 52.	INTERVAL BETWEEN
中中		DISEASE OR CONDIT LEADING TO (This does not mean the r heart failure, asthenia, etc.	DEATH node of dying, e.g.,	(A) Cul	te Coronar	Thrombeg	4 days
200		injury or complication w	hich caused death.)	DUE TO	Schotic	Hert Nine	
	TION	DISEASES OR CONDITION RISE TO THE ABOVE CAUS UNDERLYING CONDITION	E (A) STATING THE	(B) DUE TO) scracpac	Trans Brice	1
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RIT	8	23A. STENATURE	luck		3 To Mesix	105/11/2-	23c. PATE SIGNED
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PLEAS) correct	L	ATE RECEIVED BY REGIST	RAR'S SIGNATURE	Listing Mit	FUNERAL DIRECTOR	4020 5005	ADDRESS STATES
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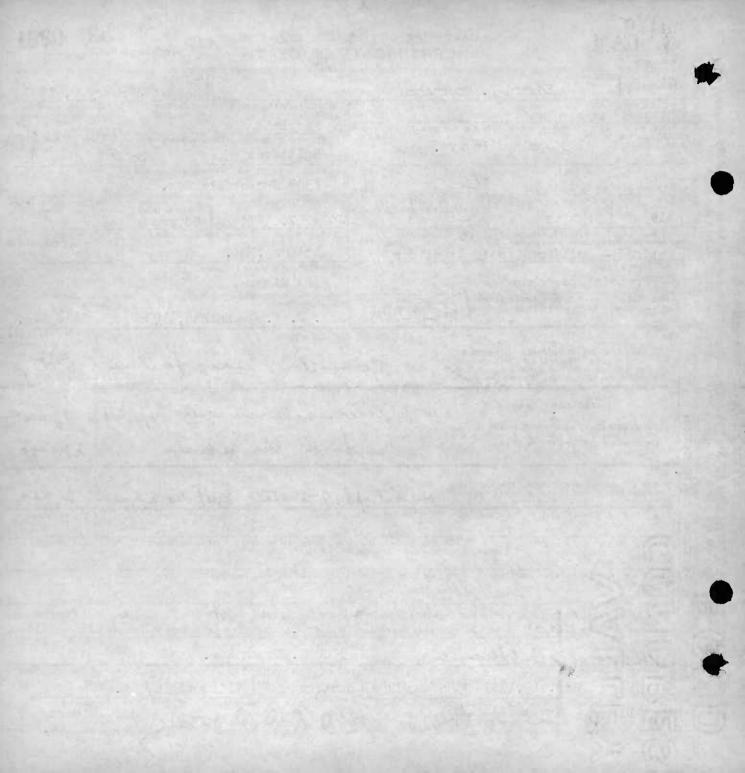


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	53 02
U	BIRTH NO.
	1. NAME OF D (Type or Print)
	3. PLACE OF D A. Baltimore (
	B. FULL NAME HOSPITAL OR INSTITUTION
	c. Length of s
H	5. SEX
	Male
	10A. USUAL OC

BALTIMORE CITY HEALTH DEPARTMENT

he	ВІ	IRTH NO.			CERTIFICA	IE OF DEATI	Н	Registere	4 110	
H		NAME OF D						2. DATE		
ed.				d F. Br	rosnahan			DEATH Ja	nuary 7	, 1953
supplied		. PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDE	ENCE (Wh	ere deceased lived B. COUNTY	. If institution	n : residence efore admission)
ins	В.	FULL NAME OF (If not in hospital or institution, give street address or			or Maryland			C 0	7/	
- 11	IN	STITUTION	4303 Sprin	dale A	location location	C. CITT OR TOWN		utside corporate li	nits, write R	Res and give township)
efully oly.	30	0	*			Baltimore		V	0	township)
En Co		T 41 6		Life	Yrs Mo					
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ion h cl	13	RETIFED	- Builder	Self -	Builder		Baltimore, Md. 14. MOTHER'S MAIDEN NAME			
nat			is Brosnahan				Miss Rieman			
f de	15		D EVER IN U. S. ARMET	FORCES	I 16. SOCIAL		3.1.1			
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9 11						urred at 7.45Pm.,				last saw the
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11.1		Ma	write E. (Thous	M. D.	3300 W. Nort	h Ave.			
B-0	24	AA. BURIAL, C			24c. NAME of CEME	TERY OR CREMATORY	240. LO	CATION (City, to	wn, or county	(State)
AS	-10	Burial	Jan. 10,1	953	Druid Ridge	Cemetery	/ Pike	sville, M	d.	
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G.		EALTH DEPARTMENT Registered No. 1232
d.	1. NAME OF DECEASED (Type or Print) MARIE L. GRUBB	2. DATE OF January 9, 1953
fully supplied	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR HOSPITAL OR location INSTITUTION Melchor Nursing Home	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) Maryland C. CITY OR TOWN (If outside corporate limits, white RUAA) and give township)
information should be efused of death clearly and learly	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE female white 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify Widowed) Widowed	Baltimore D. STREET ADDRESS (If rural, give location) 1528 Kingsway Road 8. DATE OF BIRTH April 6, 1880 9. AGE (In years li Under I Year last Trihday) Months: Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife own home	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	13. FATHER'S NAME Scott	14. MOTHER'S MAIDEN NAME Marie
f info	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	John A. Grubb, 607 East 34th Street
NFADING INK. Every item of in sysicians: please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	OF DEATH The Pulmonary Conjection day lio-vascular. Typertensive Dease 6 yrs
VFAI	C OTHER SIGNIFICANT CONDITIONS CON-	

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

MEDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE ATT m. WORK AT WORK

20. AUTOPSY

1952 that I last saw the 22. I hereby certify that I attended the deceased from. 19.52 and that death occurred at 50 m., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME DF CEMETERY DR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE Berkley Springs, West Virginia Berkley Springs removal ADDRESS DATE RECEIVED BY REGISTRAR'S, SIGNATURE 25. FUNERAL DIRECTOR

LOCAL REGISTRAR 1217 St. Paul Street

м. D.

BALTIMORE CITY HEALTH DEPARTMENT 0233 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF fully supplied. DEATH 4. USUAL RESIDENCE (Where deconsed lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CLTY OR TOWN (If outside corpora e limits, write MIRAL and give INSTITUTION tuwnship legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days ld be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years Il Under PYear H Under 24 Hours 8. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) information should s of death clearly ar IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Olienues - RET USED LAR 4. J. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onknown) SECURITY NO causes Jame item 18. CAUSE OF DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: 1 RTIFI OTHER SIGNIFICANT CONDITIONS CON-CE TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH LY, WITH important. 140 hend EDICA soucres NO 21A. ACCIDENT, SUICIDE, 218. PLACE OF LAJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, form, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially . 1952 to 1/9 22. I hereby certify that I attended the deceased from Lec 10

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NTERVAL BETWEEN ONSET AND DEATH . 1953, that I last saw the 1953, and that death occurred at Id. m., from the causes and on the date stated above. deceased alive on_ 23A. SUSNATURE 23c. DATE SIGNED 23B/ ADDRESS true sauce 244. BURIAL CREMA. 24c. NAME OF CEMETERY OR CREMATORY Han BURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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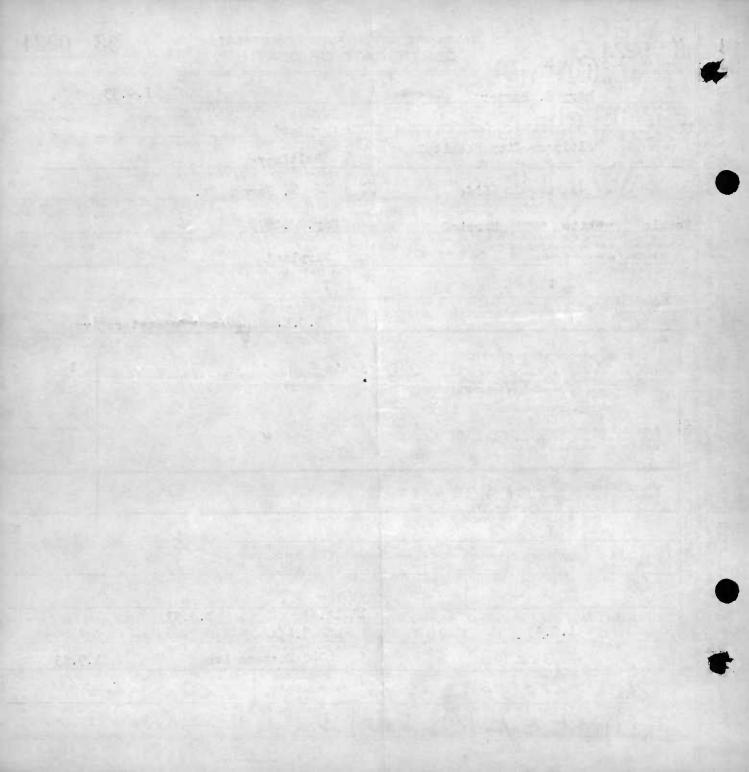
AND THE OWNER.

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		65772 A h		CERTIFICAT	E OF DEATH		
(Ту	NAME OF Domesting (NAME OF Domesting)	Mary R. Ba	wner	-			
	PLACE OF D Baltimore	4. USUAL RESIDENCE A. STATE					
B. F	FULL NAME						
	SPITAL OR	c. CITY OR TOWN					
	1	Baltimore					
				Yrs. Mos.	D. STREET ADDRESS (
-		stay in Baltimore	Life	Days	46 E. Barney		
	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		
	male	White	Marri		May. 2.1876		
work	done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State of		
		SEWORK	940	ME INDUSTRY	Maryland		
	FATHER'S	1			14. MOTHER'S MAIDEN		
15. (Yes.	WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		
(No.	(0.004)	,	SECURITY NO.	B.C.H. Record		
	18. 46	72 V .	The Later of	CAUSE	OF DEATH		
	Olse As (This does heart failt injury or	nia					
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		MITTE CEDENT ON ON	DISEASES OR CONDITIONS, IF ANY, GIVING				
NO	DISEASE		F ANY CIVIN	(B)	***************************************		
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Registered No. 0234 2. DATE

`		Mary R. Ba	yner	And the second of the second		DEATH 1.9.53			
	Baltimore				4. USUAL RESIDENCE A. STATE	(Where deceased lived, If in			
B. FULL NAME OF (If not in hospital or institution, give street address or						D. 0001111	Service admission)		
H	OSPITAL OR			Inantion)		(If outside corporate limits,	write RURAD and give		
Institution Baltimore City Hospital					Baltimore	1-5	_township)		
Yrs.					D. STREET ADDRESS (If rural give location)			
	Towards of a	Ann in Dalita	710.	Mos.					
	SEX	tay in Baltimore	Life	10035	46 R. Barney				
0	. 367	O. COLOR OR RACE	WIDOV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years little last birthday) Mont	ths: Days Hours Min.		
	emale	White	Marri	ed	May. 2.1876	76			
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15	. WAS DECEAS	ED EVER IN U. S. ARMEL	FORCES?	16. SOCIAL	17. INFORMANT	ADI	DRESS		
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A							YES NO		
DICAL		ENT WAS UNDER		ACE OF INJURY (e. g., in		(If in Baltimore City, giv	e exact location)		
Ы	CAUSE OF	R CONTRIBUTING DEATH	ebont home,	farm, factory, street, office bldg., e	etc.) INJURY OCCUR?				
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	D 21F, HOW DID INJU	RY OCCUR?			
	OF INJURY			WHILE AT NOT WHILE					
		m. work AT work							
	22. I hereb	22. I hereby certify that I attended the deceased from 12.11.52, 19, to 1.9.53, 19, that I last saw							
	deceased a	live on 1.9.53	_, 19,	and that death occur	red at 8.45am., from	the causes and on the	date stated above.		
	23A. SIGNA	TURE He John		2	38. ADDRESS 4940 Eastern A		23c. DATE SIGNED 1.9.53		
2.	4A. BURIAL.			M. D. 24c. NAME OF CEMETE	RY OR CREMATORY 24D.				
TI	ON, REMOYAL (S	CREMA- 24B. DATE Specify)			MAUGN	Ballimos			
100									
L	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	SSIGNATI	PRE CONTRACTOR	25 FUNERAL DIRBOMOR		DDRESS		
	10010	and the second s	ton 1	illiams Miss	st. Lille tes	uly -130 €	tout Hus.		



VS 150

-	654 0235 BIRTH NO. 52-201	31
	1. NAME OF DECEASED (Type or Print)	CAT
1	3. PLACE OF DEATH: A. Baltimore City, Maryland	2

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 0235

	1. (T	NAME OF D	A STATE OF S				2. DATE OF	,	
pplied		PLACE OF DI Baltimore C		ET WEST CO	ANN CORNELL leans St.	4. USUAL RESIDENCE A. STATE	(Where deceased lived, I s. COUNTY	9/53 f institution : residence before admission)	
fully supplied ly.	H	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN Baltimore	(If outside corporate limit	its. write RURAL and give township)	
egib	c.	Length of st	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 2908 Orleans Street			
uld be		F	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	8/I2/52		if Under 1 Year on the Days Hours Hours Min.	
on should be clearly and l	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework Home					11. BIRTHPLACE (State of Baltimore		12. CITIZEN OF WHAT COUNTRY?	
information s of death cle		3. FATHER'S N	Freder				14. MOTHER'S MAIDEN NAME Thelma H. Wingate		
of	(Ye	No No or naknowa)	D EVER IN U.S. ARMED (If yes, give wer or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Family - Same		ADDRESS	
Every it write the		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH MONTO IN TO							
DING INK. ans: please	FICATION	RISE TO TH	OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	STATING TH	E DUE TO				
UNFADING Physicians:	CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE OEATH, BUT SEASE OR CONDITION	NOT RELATE	D				
H	DICAL		F OPERATION 1		CE OF INJURY (e. g., in		(If in Baltimore City,	20. AUTOPSY? YES No U	
LY, WITH important.	MED	LYING OR CAUSE OF I	CONTRIBUTING	about home, fo	erm, factory, street, office bldg., office b	tte.) INJURY OCCUR?			
FE PL especially		OF INJURY MHILE AT NOT WHILE IN WH					Jan 9 6 193	, that I last saw the	
RITE is esp			ive on JAN4		and that death occur	red at SA·m., from 38. ADDRESS 3 3 WWW.			
PLEASE correct ag	24 TIC	4A, BURIAL, C ON, REMOVAL (S) B	Pecify) 24B. DATE I/I0/53	2	Mt. Olivet	RY OR CREMATORY 240	LOCATION (City, town Baltimore	n, or county) (State)	
PLEAS correct		ATE RECEIVED		ston W	M. 3. 0. 8	Jame L. McGull	/1	rt Avenue	

11	350,
90	26 Votes
E	BIRTH NO.

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BALTIMORE CITY HEALTH DEPARTMENT

53 0236
Registered No.

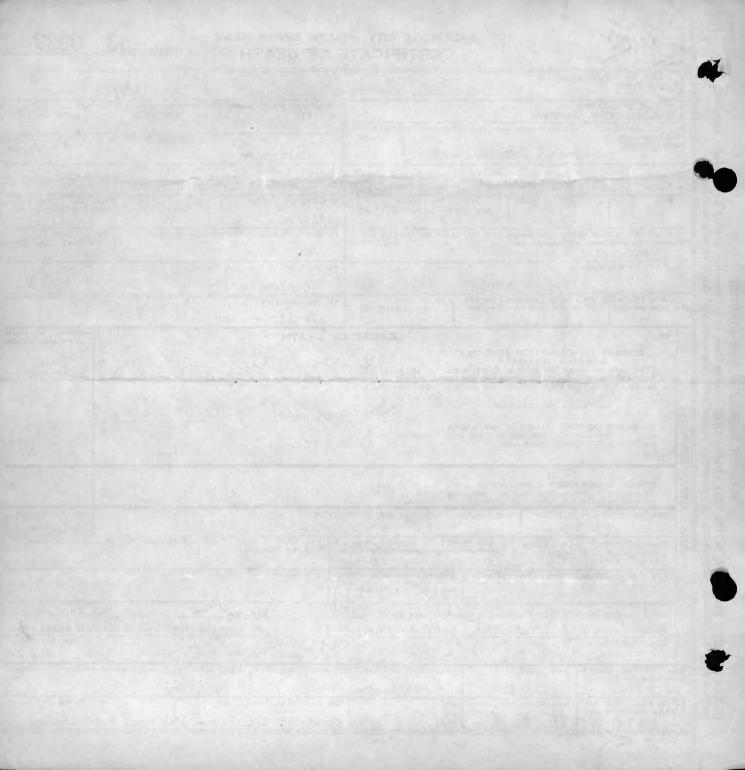
	BIRTH NO.										
	1. (T ₃	NAME OF Domesting (Print)		ווויטודי כי	IIVTON (MADVIE	nw \		OF	77 / 57		
	B. I	PLACE OF E Baltimore (FULL NAME SSPITAL OR STITUTION	City, Maryland	ANCHE G		4. USUAL RESIDE	ENCE (Where de	COUNTY	If institution: residence before admission) its, write BULAY and give township)		
21013	70	100 m			Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
1			stay in Baltimore		Days		8 S. Char				
5	5.	sex F	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify) M	8. DATE OF BIRTH	las	t birthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min.		
	wnrk	A. USUAL OC dane during most Housewor	CUPATION (Give kind of of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE		ountry)	12. CITIZEN OF WHAT COUNTRY?		
1		FATHER'S				14. MOTHER'S MA			-1		
100			Joseph	Guvto	n	Mary Gosm	na n				
3	15 (Var	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS		
2	(100	No.	(11 yes, give wat of date	SECURITY NO.	Family - Same						
	FICATION	(This doe heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA's not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	FANY, GIVING THE STATING TO	E., (A)	of DEATH whal affine affine	Huen Selen Sens	mh	ONSET AND DEATH		
Transfer T	CERTIFI	TRIBUTIN	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED						
		19A. DATE	OF OPERATION 0	9B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?		
porta	IEDICAL		DENT WAS UNDER- OR CONTRIBUTING DEATH	218. PL	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	etc.) 21c. WHERE D		ltimore City	, give exact location)		
1113	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK									
Specie									If, that I last saw the the date stated above.		
07		23A. S(GNA	TURE OLAN	ul	A Tallm. D.	23B. ADDRESS	made	N	23c DATE SIGNED		
200	24 TIO	A. BURIAL. N. REMOVAL (- 1- /1-	V	24c. NAME OF CEMETE	RY OR CREMATORY			rn, or county) (State)		
I	DA	TE RECEIVE	I/IO/53	S SIGNATI	Western	25. FUNERAL DIR	Balti ECTOR	IIIOT 6	ADDRESS		
100		CAL REGIS	TRAR	L CALL	WELL C. D.	Janes L. Mo	F7	30 E. I			

fully supplied.

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item

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF KATIE SCHMIDT 1/9/53 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside comparate li hits write RURAL and give INSTITUTION township) Edgewood Nursing Home Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore IO4 West Ostend Street Days should be 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 4/14/73 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Housework Home Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Martin Rosalee Farley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No Family - Same INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the With throubout LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO art. Aclerose's ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY especially THE NORWHILE 22. I hereby certify that I attended the deceased from Long 1957. to 19. that I last saw the 195 deceased alive on m., from the causes and on the date stated above. and that death occurred at_ 23A. SIGNATURE 23B, ADDRESS A3C. DATE SIGNED 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of county) TION, REMOVAL (Specify) I/I2/53 Baltimore Baltimore DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Cames LT McCully - I30 East Fort Avenue



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WITH

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42	02) 238
BIRTH N	0.	
1. NAME	OF	DECE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.3

ASED 2. DATE (Type or Print) OF MARGARET JAN. 9. 1953 K. WELSH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write HURAL and give Twilight Rest & Nursing township) Baltimore D. STREET ADDRESS (If rural, give location) Yra. Mos. 3532- 4th St., Brooklyn c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) It Under 1 Year last hirthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 9-27-1879 female white widowed 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) U.S. INDUSTRY home Marvland Housework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME D. Pickett Annie E. Pickett Charles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. .Earl Welsh. 3532-4th. St.Balto. none no 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING UNFADING 1 Physicians: pl RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL important. 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially NOT WHILE WHILE AT AT WORK 1953, to , 1952, that I last saw the 22. I hereby certify that I attended the deceased from_ 1953, and that death occurred at//: 40Am., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23A. SIGNATURE 236. DATE SIGNED w 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State) Morgan Chapel Carroll Co.. Md. BURIAL 2-1953 DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Winfield. Md. M. Waltz.

THE PARTY OF THE P Carlotte Control of the Control

BALTIMORE CITY HEALTH DEPARTMENT Registered 28 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Jane Ethel Thompson Brooke DEATH Jan. 8, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Wyman Park Apartments Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos Wyman Park Apartments c. Length of stay in Baltimore Davs on should b 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under I Year I H Under 24 Hours last birthday) Months: Days Hours; Min. WIDOWED, DIVORCED (Specify) female white 4 - 20 - 78widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY information s none Baltimore County, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert H. Thompson Helen Bone 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. em of in Helen L. Thompson Wyman Park Apartments 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Vascular accident LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE artino selensis rantalanterioschers UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION NLY, WITH 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT , 1943, to 1/8 22. I hereby certify that I attended the deceased from 10-19 , 19__, that I last saw the deceased alive on 1/3/53, 19 and that death occurred at 10:20 P. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 100 W. University Parkway 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Burial 1 - 10 - 53Loudon Park Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR John O. Mitchell & Sons, Inc .- 1900 Eutaw Place V\$ 150

before admission)

12. CITIZEN OF

WHAT COUNTRY

INTERVAL BETWEEN

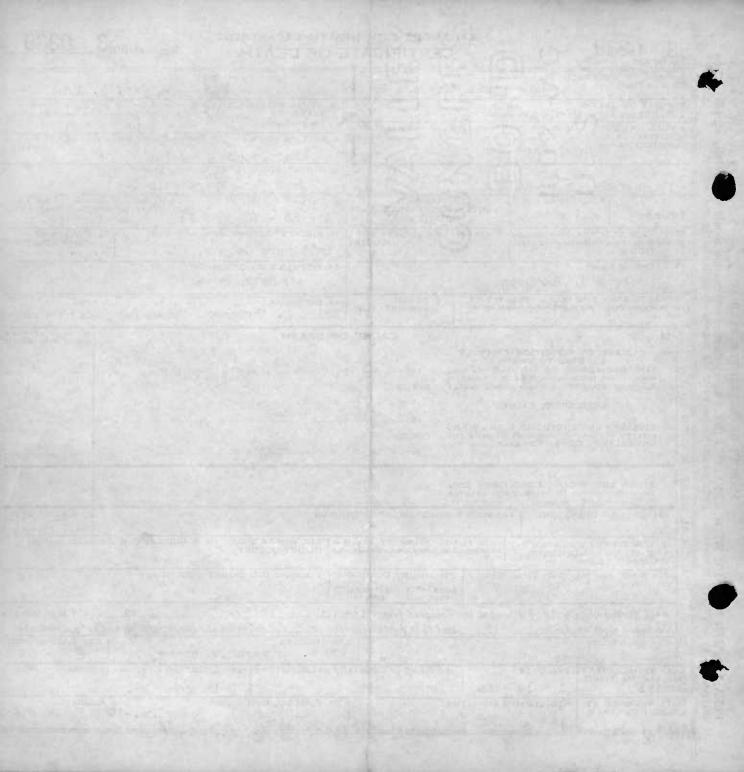
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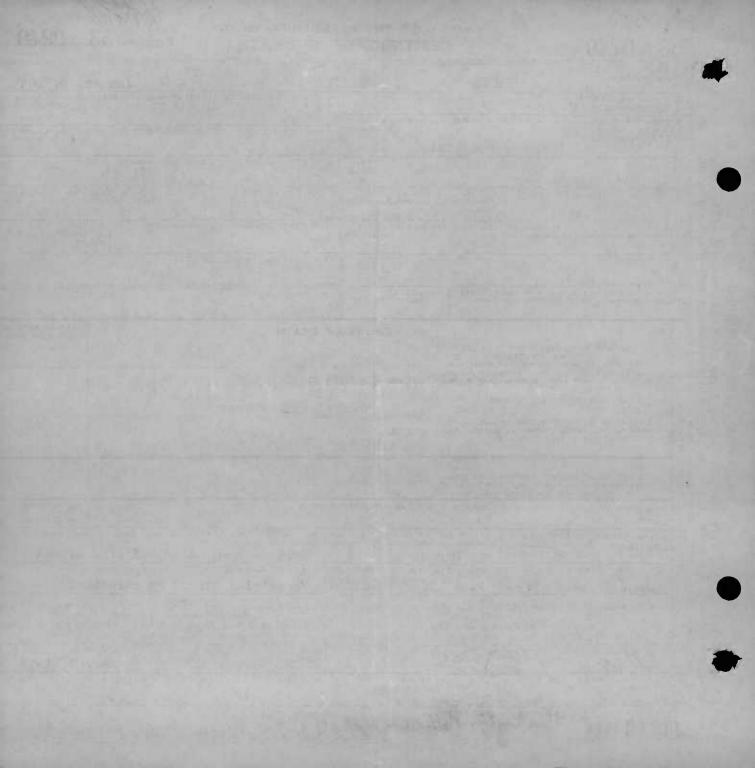
20. AUTOPSY

23c. DATE SIGNED

ADDRESS

township)





fully supplied.

BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE Jan. 8, 1953 SUSTE M. HALL (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or c. CITY OR TOWN (If outside corporate | mits, write RFR Land give 3h21 University Place INSTITUTION township) information should be careful of death clearly and legibly. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 3421 University Place Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | | Under | Year | | If Under 24 Hours | last birthday) | Months Days | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Feb. 28, 1867 white widowed female IOA. USUAL OCCUPATION (Givekindof) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Quick Edwin Steuart 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Irving P. Hall - 4214 Loch Raven Blvd causes INTERVAL BETWEEN 18. very item CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., Ever heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 2 Ic. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? impor CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby eertify that I attended the deceased from 1930, that I last saw the deceased alive on Dece 6, 1953, and that death occurred at 3 f., m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 10 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 246/LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Balto. 10 Md. Burial Parkwood Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

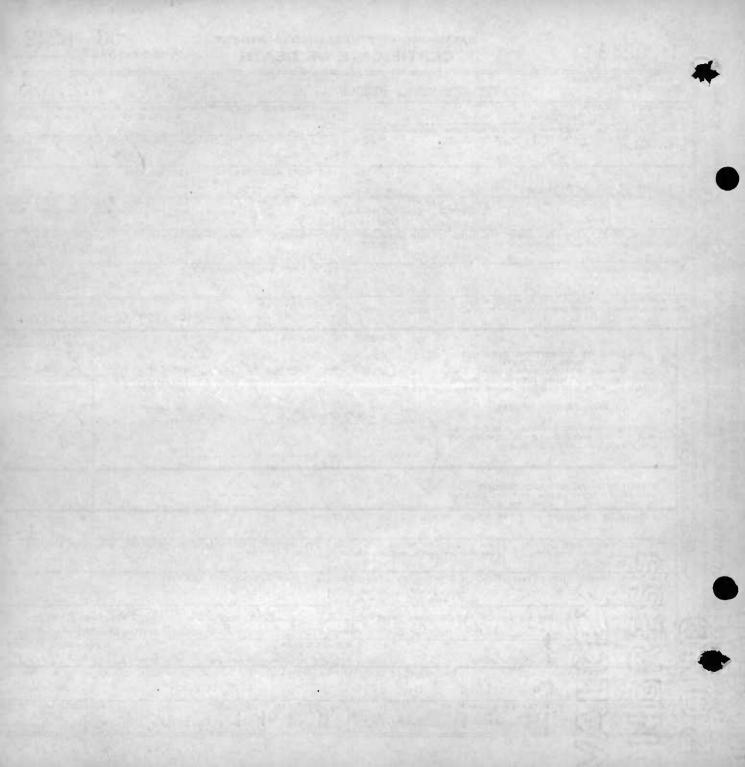
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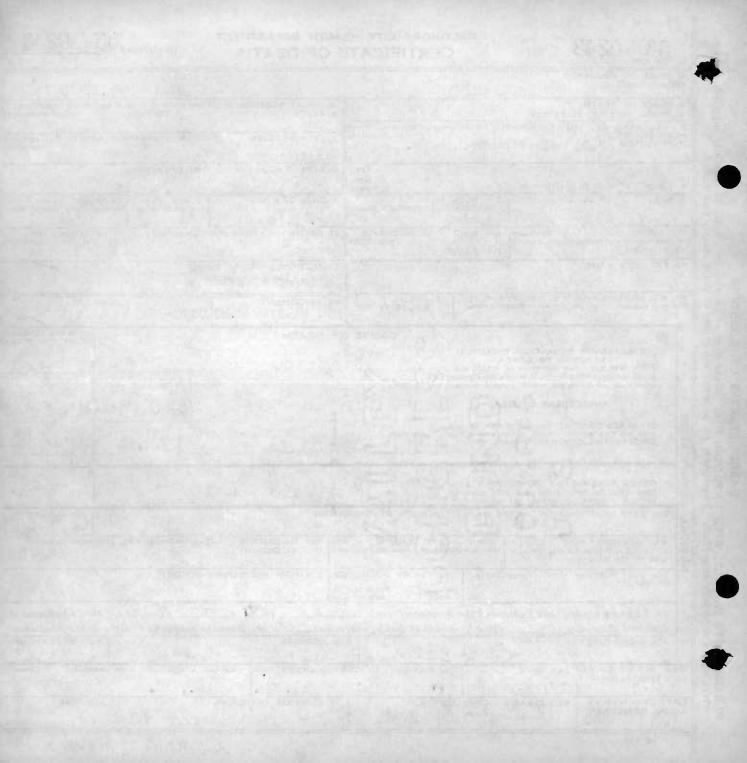
3. PL A. Ba B. FU HOSE	LACE OF DEATH: altimore City, Maryland	ARIE CHRISTINA BENSO			
B. FU	altimore City, Maryland		N	2. DATE OF DEATH	Jan. 7, 195
HOSE			4. USUAL RESIDENCE (V	I DEVIII	
01	JLL NAME OF (If not in hospite PITAL OR 3329 Edmon	ds on Ave. location)		outside corporate limit	
11	0	V	Baltimore	- former	tow
C TA	ength of stay in Baltimore	Yrs. Mos.	b. STREET ADDRESS (If		
5. SE		7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (in years)	Under 1 Year If Under
	emale white	WIDOWED, DIVORCED (Specify) Widowed	May 6, 1887	65 Mo	nths Days Hours
10A. work dor	USUAL OCCUPATION (Give kind of meduring most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUN
	NISEWISE TATHER'S NAME	at home	Maryland		
			14. MOTHER'S MAIDEN NA	AME	
15. W	ederick J. Hammond WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	Augusta E. Lange	A 1	DDRESS
(Yes, no	O or unknown) (If yes, give war or dates	of service) SECURITY NO.	Mr. Nelson Hammo		
CATION	ANTECEDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	ANY, GIVING STATING THE DUE TO	some hypos	relitio	10 fe
CERTIFIC	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT IT TO THE OISEASE OR CONDITION	NOT RELATED			
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D C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		f in Baltimore City, g	YES N
	10. TIME (Month) (Day) (Year) F INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
	22. I hereby certify that I att	ended the deceased from a., 1953, and that death occ	rred at 4 m., from t	he causes and on the	, that I last sa
2	3A. SIGNATURE Z. G. Za	2	3517 Edwards	N Grenne	29c. DATE SIG
TION	BURIAL, CREMA- REMOVAL (Specify) 3 1/10/5	3 24c. NAME OF CEMETE Mt. Olivet		OCATION (City, town,	er county) / (s

VS 150

REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT 0243 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF SADIE PLITT Jan.8, 1953 carefully supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Ealtimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md (If outside corporate limits, write RUBAL and give C. CITY OR TOWN INSTITUTION 2401 Calverton Hgts. Ave. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 21:01 Calverton Hgts. Ave c. Length of stay in Baltimore Days information should be of death clearly and 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. Aug. 7, 1886 female married 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Kennert Marie Schaffert 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT SECURITY NO. Mr. William J. Plitt - 2401 Calverton Hgts Every item o 18. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH ear (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: ERTIFIC H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION A 20. AUTOPSY important. 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK WORK , 1953 that I last saw the 22. I hereby certify that I attended the deceased from 1923, and that death decurred at_ deceased alive on m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) rist United Evangel. Ch. Balto. Md. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF EMIL E. HEIL JAN 9 supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY beffre admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF (If outside corporate limits, write HURAL in prive township) HOSPITAL OR carefully C. CITY OR TOWN Union Memorial Hosp. INSTITUTION Baltimore should be carefu Yrs. D. STREET ADDRESS (If rural, give location Mos. 1001 McAleer Ct. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH Il Under 1 Year 9. AGE (In years) H Under 24 Homes WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. male white married 291 188 information shoul 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done doring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Shipping Clerk
13. FATHER'S NAME Marryland 14. MOTHER'S MAIDEN NAME Henry Heil Catherine Roeth 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO causes none item 18. CAUSE OF DEATH 903,0 the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., CARCINOMA LUNG RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO INK. ANTECEDENT CAUSES (B) METASTASES TO LIVER DISEASES OR CONDITIONS, IF ANY, GIVING CERTIFICATION ARPROVED BY RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (C) . 11 OHIEF OR ASST. MEDICAL EXAMINER. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED FRACTURE RT. HIP POST - OPERATIVE Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES V INTERTROCHATERIC FRACTURE RIGHT HIP MEDICA 21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) Control bout home, farm, factory, etreet, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 1001 mealew Con 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY especially WHILE AT 1952 to JAN . 19 53, that Past saw the 22. I hereby certify that I attended the deceased from NOV RITE is esp deceased alive on JAN 9 . 1953, and that death occurred at 6:45 Pm., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURFAL, CREMA-TION REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town of county) Balto. Cem. Balto.. 25 FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS SIGNATURE LOCAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO.163 260 AJH NAME OF DECEASED 2. DATE (Type or Print) OF Donald La Barger 1.9.53 efully supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) Baltimore City Hospital (If outside corporate limits. INSTITUTION white RWRAL and give township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Life 2100 H erbert St. Davs information should be 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Oct. 26. 1909 White married 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Roofer Roofing Tennessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph La Barger Mary Carson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go or unknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, go or unknowo) SECURITY NO. causes B.C.H. Records 4940 Eastern Ave 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of Larynx (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Necrotizing Bronchopneumonia TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH LY, WITH important. YES X 21A. ACCIDENT WAS UNDER. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 9. 18. 1952, to 1.9 , 153, that I last saw the A.m., from the causes and on the date stated above. deceased alive on_ ____, and that death occurred at 10 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave 1.9.53 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Burial Mt. Olivet Cem. Balto.. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

RESERVED

A Maria E CEL III COMPANY WARTEN TO THE RESERVE

	53 0246 CERTIFICAT	E OF DEATH Registered No.		
	NAME OF DECEASED ype or Print) RESSIE CLAS	2. DATE OF DEATH JAN. 9, 195	3	
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : resi		
B. HC	FULL NAME OF (If not in hospital or institution, give street address or location)			
	ISTITUTION AD>PITAL FOR THE WOMEN OF MARYLAND		ownship	
4	Yrs, Mos.	D. STREET ADDRESS (If rural, give location)		
	Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 19. AGE (In years) H Under I Year II Un	der 24 Hour	
	T WHITE WIDOWED, DIVORGED (Specify)	Ocf 6, 1883 69 Months Days Hou	rs Min.	
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR dooed nriog most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN		
	HOUSEWIES NMS	BALTIMORE		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
15	JAMES STEWART	MMZY PISR Pont		
(Yes	(If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	ם לו	
		Mr. E. Robert Clas - 7003 Windsor Mi	BETWEE	
	DISEASE OR CONDITION DIRECTLY	ONSET AN	D DEAT	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease,	achoxia au	gar	
	injury or complication which caused death.) DUE TO		•	
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ERTIF	(C)			
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
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AL C		YES X	NO L	
DICAL C	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i aboot home, form, factory, street, office bldg., c	n or 21C. WHERE DID (If in Baltimore City, give exact locat		
DICAL C		in or 21C. WHERE DID (If in Baltimore City, give exact located) INJURY OCCUR?		
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EDICAL C	Aboot home, form, factory, street, office bldg., 2 1D. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 1E. INJURY OCCURR WHILE AT WORK 2 2. I hereby certify that I attended the deceased from deceased alive on 19 23 and that death occur 2 3 A. SIGNATURE	ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? Tred at 2:35 7.m., from the causes and on the date states 23B. ADDRESS	saw the dabove	
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MEDICAL C	aboot home, form, factory, street, office bldg., 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur 23A. SIGNATURE And DATE ON. REMOVAL (Specify) Burial Aboot home, form, factory, street, office bldg., while AT WORK At WORK 21E. INJURY OCCUR WHILE AT WORK 1 To WORK 22. I hereby certify that I attended the deceased from 24 A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE Woodlawn Co.	ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? 19.5, to 9, 19.5, that I last rred at 2.35.m., from the causes and on the date stated 23B. ADDRESS 23C. DATE 19.5, the proof of the causes and on the date stated 23C. DATE 19.5, the proof of the causes 23C. DATE 19.5, the proof of the causes 23C. DATE 19.5, the proof of the causes	saw the dabove	
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UNFADING INK. Every item of information should be arefully supplied. The Physicians: please write the causes of death clearly and legibly.

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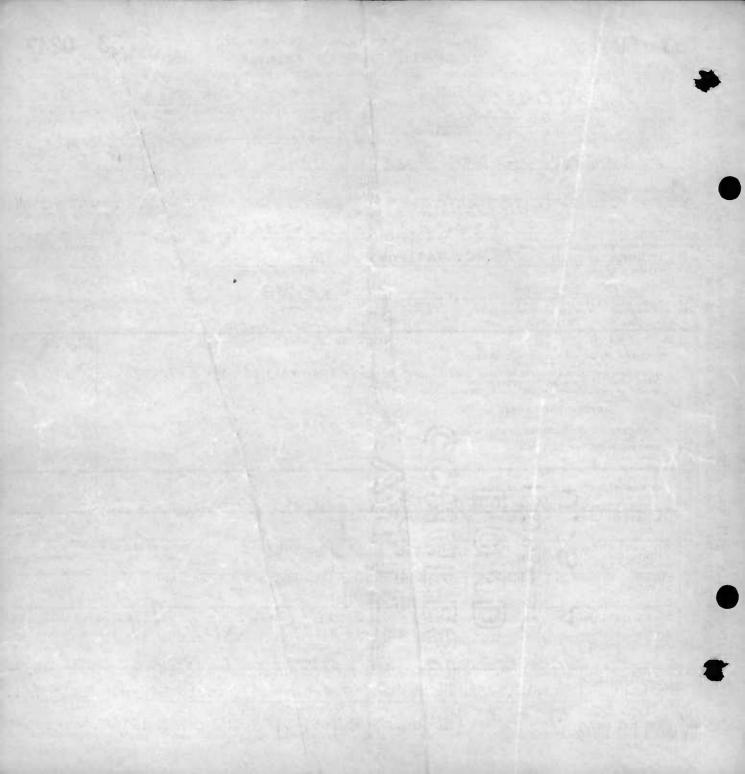
BALTIMORE CITY HEALTH DEPARTMENT

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11	IRTH NO.			CERTIFICAT	E OF DEAT	H Re	gistered No	UZ:A1	
7/ 1	NAME OF DECEA	ASED	dilabi			2. DAT	E	4	
		LARKINS	and the state of	LES E.		OF DEAT		-5-3	
A.	Baltimore City,	Maryland B	alto.		4. USUAL RESID	ENCE (Where decea	sed lived. If instit	ution: residence before admission)	
8.	FULL NAME OF OSPITAL OR	(If not in hospit	al or institut	ion, give street address or location)		В	ALTO,		
	STITUTION	1 10	NI A A	A // -	C. CHIT OR TOWN		porate limits, wri	te RCRAL and give	
3	KANKI	LAN JE	eu m	Yrs.	O. STREET ADDR		100		
5	Length of stay i	in Baltimore	61	Mos. Days	450 E.		location) >		
5	SEX 6.C	OLOR OR RACE	7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRT	last h	(In years H Under	Vear H Under 24 Hours Days Hours: Min.	
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10 wor	A. USUAL OCCUPA k done during most of work	ATION (Give kied of iog life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreign coun	try) 12.	CITIZEN OF WHAT COUNTRY?	
N	aintenace	man	B.&O.	Railroad	ma			usa	
13	B. FATHER'S NAME		1991		14. MOTHER'S MA	NIDEN NAME			
	FRANK	Larkins			KEESE				
(Y	5. WAS DECEASED EV	ER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	ESS	
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	18. 16r	X		CAUSE	OF DEATH		lii c	NTERVAL BETWEEN	
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	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
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AL	19A. DATE OF OF	PERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?	
IEDICA	21A. ACCIDENT LYING OR COL CAUSE OF DEAT	NTRIBUTING	218. PLA	ACE OF INJURY (e. g., i ferm, factory, street, office bldg.,	o or 21C. WHERE E itc.) INJURY OCCU	OID (If in Baltin	more City, give e	xaet location)	
Σ	21D. TIME (Mont	h) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR			
	OF INJURY			WHILE AT NOT WHILE					
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	deceased aline of	m/s h	1053	and that death occur		, from the causes		at I last saw the	
	23A. SIGNATURE	10	, 10		38. ADDRESS	, from the causes		C. DATE SIGNED	
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2. TI	4A. BURIAL, CREMA	A- 248. DATE		24c. NAME OF CEMETE					
II —	N. REMOVAL (Specify Burial		,1953	Cedar Hill	Cemetery	Ritchie :	Highway	Balto.Md.	
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MARGIN RESERVED FOR BINDING	PLEASE RITE PLA. LY, WITH UNFADING INK. Every item of information should be	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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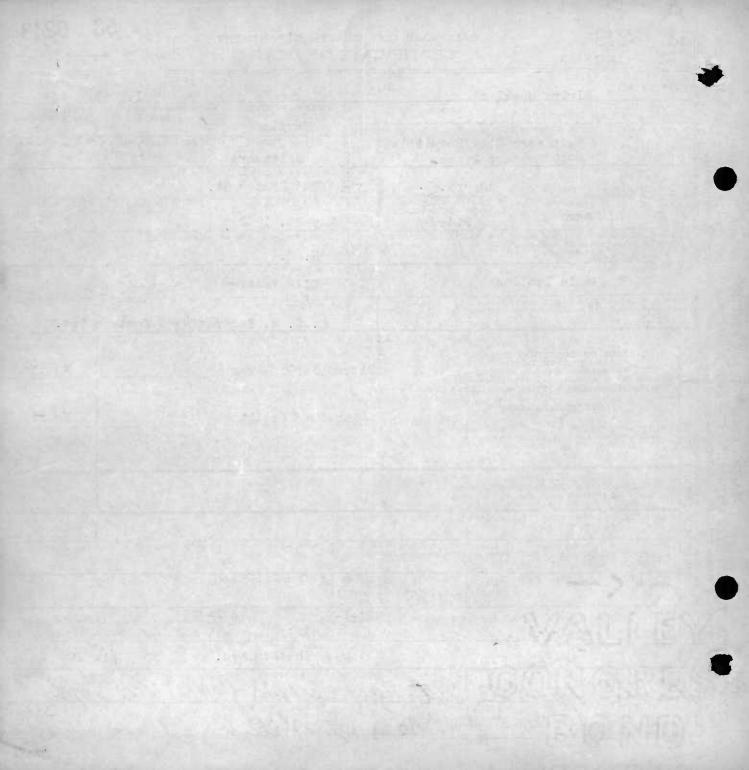
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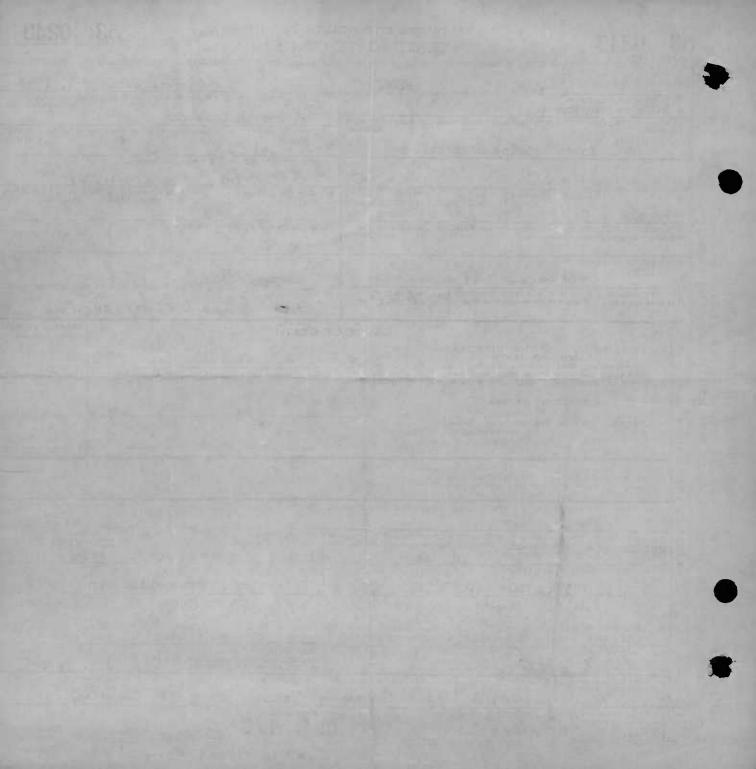
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 0248

Registered No.

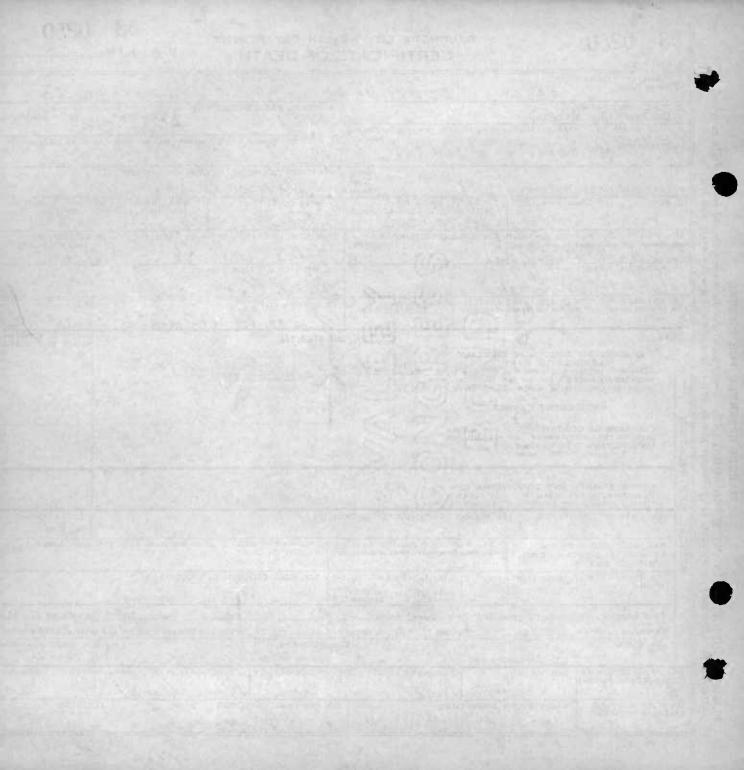
BIR	TH NO.	1 165470		OLIVIII 101	N II Jone	OI BEATH	,	
	NAME OF Doe or Print)	ECEASED					2. DATE	
		Elvira Mee	kins				DEATH 1.7.	53
	LACE OF D	EATH: City, Maryland			1	4. USUAL RESIDENCE (W	There deceased lived. If ir	stitution : residence
1	ULL NAME		al or institut	ion, give street addre		A. STATE Maryland	B. COUNTY	before idmission)
HO	HOSPITAL OR INSTITUTION Baltimore City Hospitals location)						outside corposite limits,	After tilled and wine
INS	HOHON	4940 East				Baltimore	mines,	township)
-3	1	4740 Bast	ern ave		rs.	D. STREET ADDRESS (If		
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5. S		tay in Baltimore	30 yr		ays			
0.0	F	Negro	WIDOV	E. MARRIED. /ED, DIVORCED (Sp	ecify)	3. DATE OF BIRTH	9. AGE (In years It U	nder I Year If Under 24 Hours ths: Days Hours Min.
		The state of the s	Wi	.dowed		May 29, 1902	50	
10A work d	USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KINE	OF BUSINESS OF	R 1	1. BIRTHPLACE (State or fo		2. CITIZEN OF
	House	ewort?		111005	IKI	N. C.		WHAT COUNTRY?
13.	ATHER'S	NAME			1	4. MOTHER'S MAIDEN NA	AMF	
	Be	enjamin Rauli	ns		3	Ella Westley		
15.	WAS DECEASE	ED EVER IN U.S. ARME	D FORCES	16. SOCIAL				
(Yes,	notor whknown)	(If yes, give war or date	s of service)	SECURITY N	0.	7. INFORMANT		DRESS
	IV O					B. C. H. Record	is 4940 Easter	n Ave.
	8. 2	60 X		CAUS	SE OF	DEATH		INTERVAL BETWEEN
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	(This does not mean the mode of dying, e.g., (A)					nosis Of Liver		Months
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						***************************************	
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ō	DISEASES OR CONDITIONS, IF ANY GIVING					70000	* OBT 0	
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8_	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D				ALC: NO.
			Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner, which	FINDINGS OF O	PERAT	TION		20, AUTOPSY?
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EDICAL		ENT WAS UNDER-	218. PLA	CE OF INJURY (e.	g., in o	21c. WHERE DID (I	in Baltimore City, giv	
딥	LYING OF	CONTRIBUTING DEATH	about home,	arm, factory, street, office b	ldg.,etc.	INJURY OCCUR?		
Σ -		(Month) (Day) (Year)	(Hour) 1	21E. INJURY OCCL	IBBED	21F. HOW DID INJURY	OCCUPA	
	OF INJURY	(2007)				ZIF. HOW DID INSORT	OCCURI	
_			m.	WHILE AT NOT WE AT WO	RK			
	22. I hereby	y certify that I att	ended the	deceased from 1	2-1-	-52 <u>19</u> to 1-	-7-53 19	that I last saw the
	leccased al	ive on 1-7-53	19	and that death of	ccurre	-52 ed at 10:50 m., from th	ne causes and on the	date stated above
	3A. SIGNAT	TURE			1 23B	. ADDRESS		23C. DATE SIGNED
		H7 Jolen	(Tecc.	M. D.	49	40 Eastern Ave.		L-8-53
24A	BURIAL C	PENAL SAN DATE				OR CREMATORY 240.40	CATION (City, town, o	(State)
9	JULA A	111/16	63	9/11 110	Yen	My Agen 10	WIL KLAP	MIN
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	AL REGIST		1	3//3/	03	A LA D		Seles order
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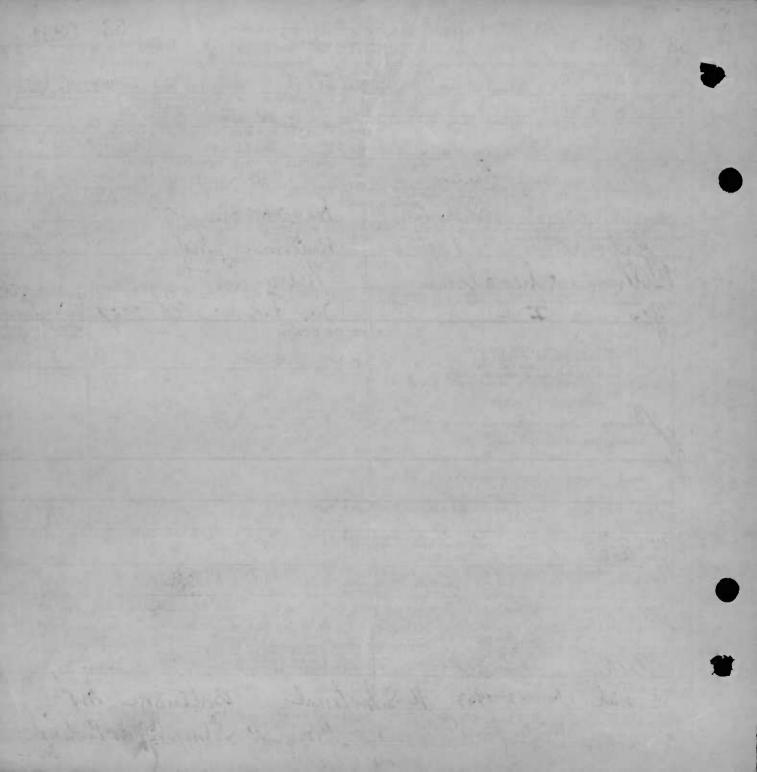


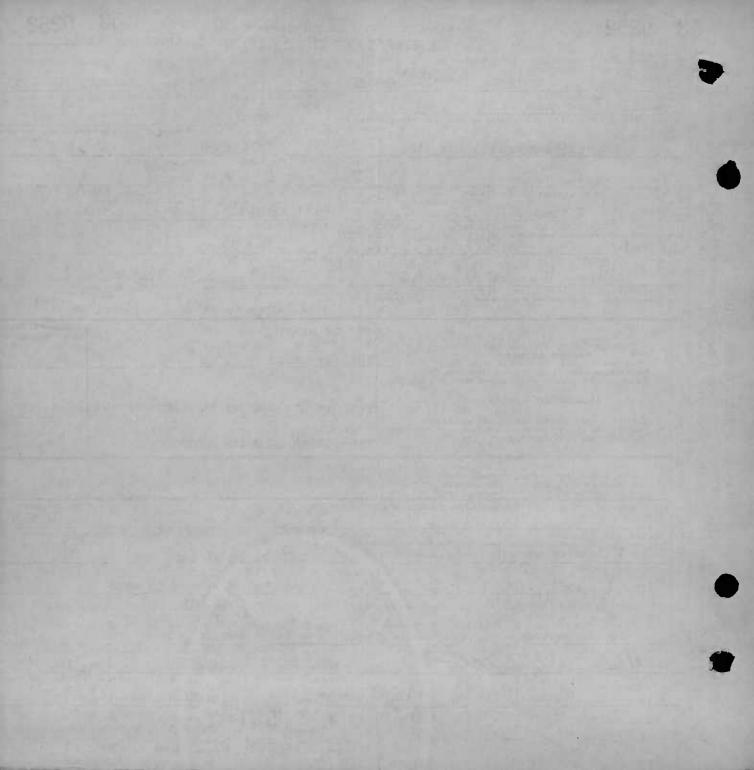
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 18) HIT HOW ELAIV OF 1-10efully supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give Y OR TOWN INSTITUTION UPIORISITY township) D. STREET ADDRESS (If rain, give location) c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years) last birthday) Months Days Hours Min. insoule 10A. USUAL OCCUPATION (Give kind of NOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF word done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s 13. FATHER'S NAME MOTHER'S MALDEN NAME Jesnmonn WAS DECEASED EVER IN U. S. ARMED FORCES?

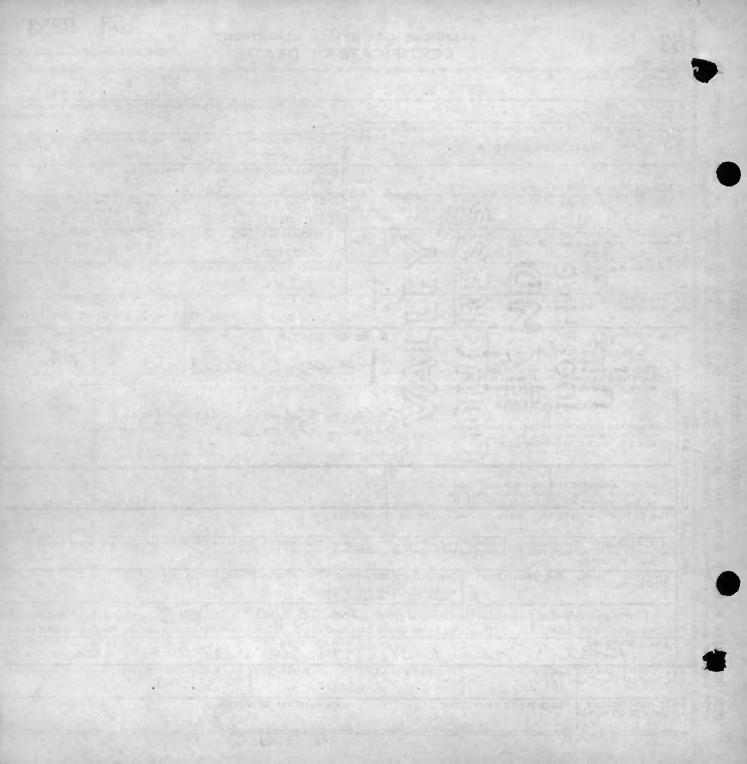
(If yes, give wer or dates of service) 16. SOCIAL ADDRASS (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY MESENTERIC Thrombosis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. Carcinoma a trostate TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE [22. I hereby certify that I attended the deceased from 1-9, 1953, to 1-0, 1953, that I last saw the deceased alive on 1-10 195 and that death occurred at 11:30 cm. from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Universely 24A. BURIAL, CREMA-24D. COCATION (City, town or county) 24c. NAME OF CEMETERY OR CREMATORY (State) TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



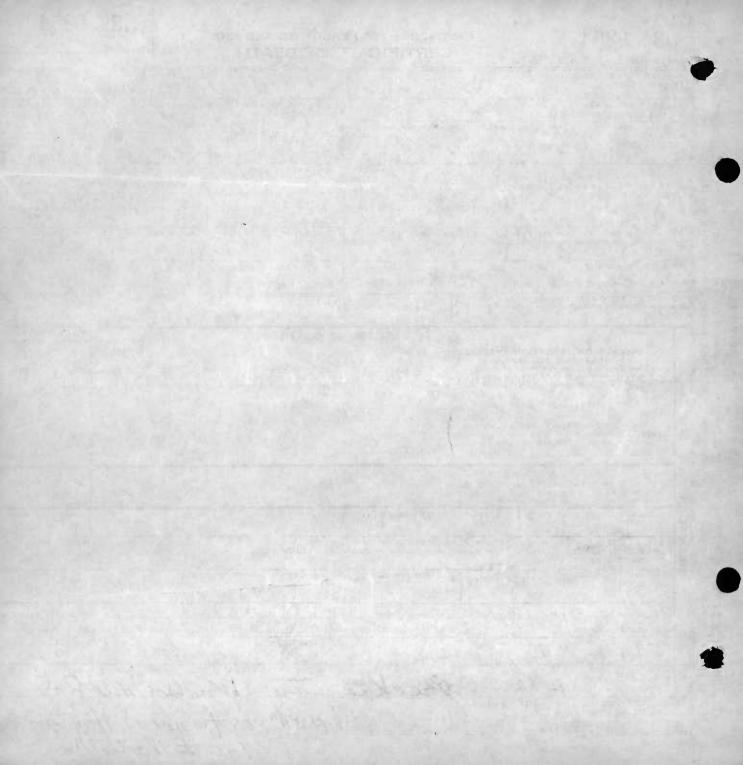
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) WILLIAM CHEVALLIER January 9, 1953 DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give c. CITY OR TOWN efully Baltimore South Baltimore General Hospital careiun legibly. D. STREET ADDRESS (If rural, give location) Mos. 2405 Washin ton Boulevard c. Length of stay in Baltimore Days AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. SADATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED and WIDOWED, DIVOFCED (Specify) 5.5 plnods White Male 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF clearly work done during mosfof working life, even if retired) INDUSTRY WHAT COUNTRY MILLUMAN information s 14. MOTHER'S MAIDEM NAM BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL . INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO Every item of i CAUSE OF DEATH 20.1 ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Coronary occlusion heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. ш 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT ecially WORK Partial Autopsy thereon and from 22. I certify that I took charge of the remains described above, held an _ Autopsy, Inspection or Inquiry esp the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above 国 and death in my opinion residted from; natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23B, CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER Jan. 9, 1953 MEDICAL INVESTIGATOR 244. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DA FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR unlandon V S 151







C		53 0254 BALTIMORE CITY HE BIRTH NO. 7 3-00 357 CERTIFICATION	EALTH DEPARTMENT	0254
ed. W	1.	NAME OF DECEASED Spe or Print) BABY BOY CHRISIKOS	2. DATE OF DEATH Van.	9, 1953
supplied.	A. B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE MHRYLAND	titution: residence before admission
Lully oly.		OSPITAL OR IDERCY HOSPITAL	C. CITY OR TOWN (If outside corporate limits, w BALTIMORE D. STREET ADDRESS (If rural, give location)	rite RURAL and give township
be care und legibly.		Length of stay in Baltimore Yrs. Mos. Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	37 E. Henriette. 8. DATE OF BIRTH 9. AGE (In years) 11 link	S/- er I Year II Under 24 Hou:s
on should be	10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	Van. 8, 19 J J last birthday) Month	Days Hours Min.
ation th cle		k done during most of working life, even if retired) INDUSTRY B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	WHAT COUNTRY
of information uses of death cle	15 (Ye	Constantine Chrisikos 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. no or unknown) (If yos, give war or dates of service) 16. SOCIAL SECURITY NO.	Helen Miller 17. INFORMANT ADD	RESS
MAKGIN KESEKVED FOK BIN UNFADING INK, Every item of i Physicians: please write the causes	RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Facracial Hemorrhage	INTERVAL BETWEEN
	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
WITH rtant.	EDICAL	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (c. g., is	n or 21C. WHERE DID (If In Baltimore City, give	YES NO
SITE PLAINLY, WITH	MED	deceased alive on 9, 19 30, and that death ogcur	ed 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR?	hat I last saw th date stated above 23c. DATE SIGNED
PLEASE correct age	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR M. D. 24c. MAME OF CEMETE 24c. MAME OF CEMETE 24c. MAME OF CEMETE 25c. MAME OF CEMETE 26c. MAME	metery Windsor Mill	county) (State)
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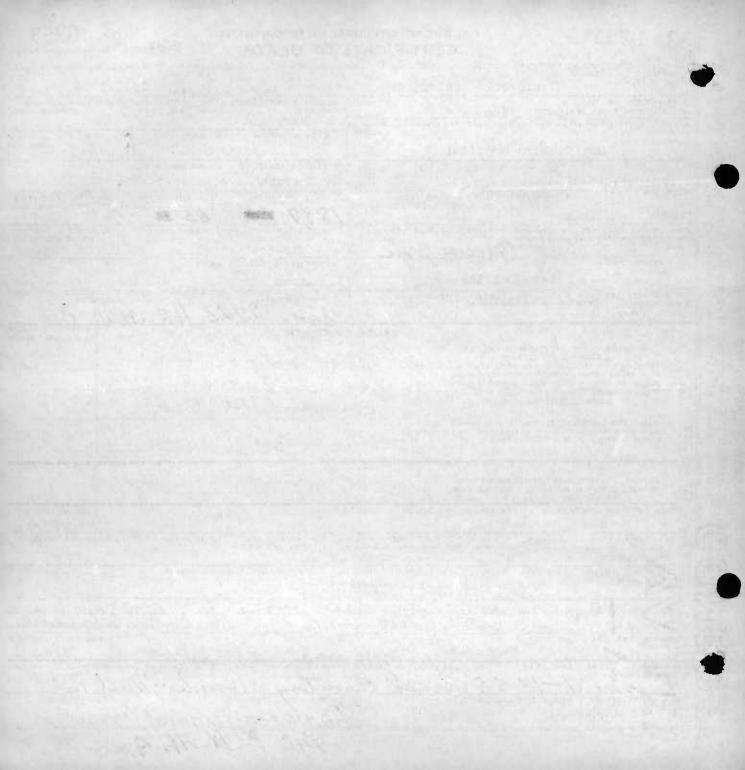


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BIRTH	NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 0255

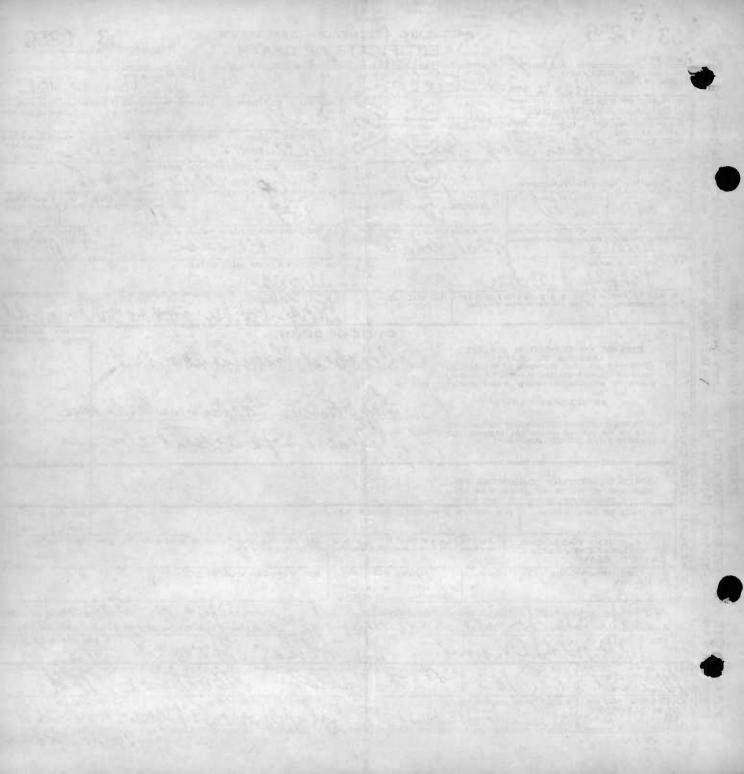
BIRTH NO.	E OF DEATH
(Type or Print) Mrs.Stella Soterakos	2. DATE OF DEATH 1/10/1953
3. PLACE OF DEATH: A. Baltimore City, Maryland Yes	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Bon Secours Hospital Yrs.	Baltimore D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	2923 Arunah Ave, Balto-16-Md.
Female White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
10A. USUAL OCCUPATION (Give kind of loss, KIND OF BUSINESS OR work done during most of working life, even if retired)	
13. FATHER'S NAME	Greece 14. MOTHER'S MAIDEN NAME
Peter Kollins	Anna
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or detea of service) SECURITY NO.	17. INFORMANT 4 ADDRESS
107	Son- 2923 ARunah Ave.
18. HHYX	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ejo Selerotic 2409
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	10 Dextrole 010
injury or complication which caused death.) DUE TO Q	e Dio Vopenla
ANTECEDENT CAUSES	e Dio Vocalar en al Pistare-
Z (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
<u>O</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO T
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., about home, ferm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE MORK AT WORK	
22. I hereby certiff that I attended the deceased from	Dec 7 419 5, 20 Jan 10/, 1963, that I last saw the
deceased alive on 200, 1953, and that death occu	
	238. ADDRESS . 23c. DATE SIGNED
top c alrold 1- M.O.	Bn Je cons 1/10/33
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burnal 1-13-55 Greek Ce	melen Windsos Mill Kd
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
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VS 150	440 E. North Ave -



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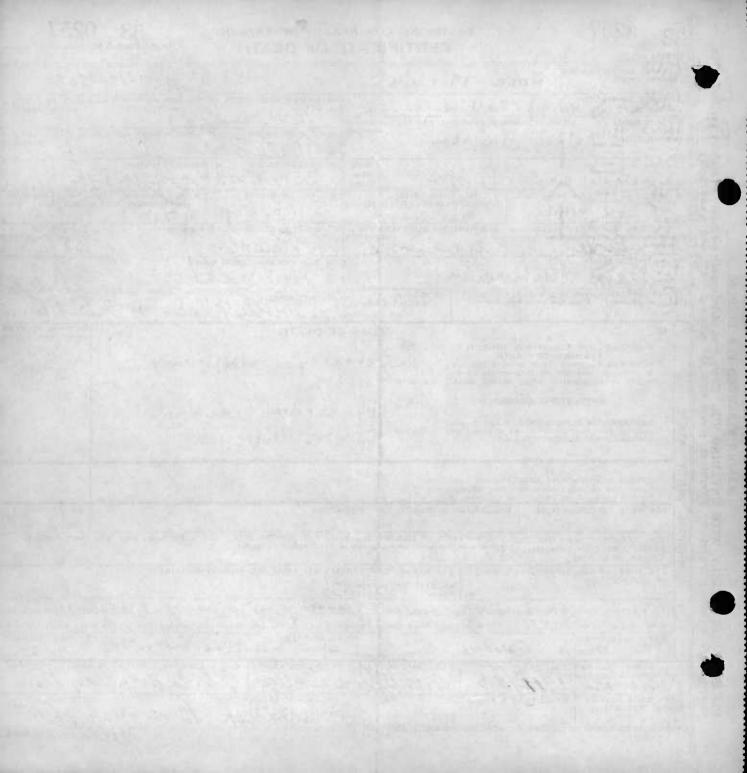
2. DATE OF Jan 10,1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) (If rural, give location) AGE (In years Il Under I Year If Under 24 Hours Months Days Hours Min. 12. CITIZEN OF HAT SOUNTRY cussia ONSET AND DEATH arlinarcular diseau arteri trelerorio 20. AUTOPSY YES (If in Baltimore City, give exact location) that I last saw the A.m., from the causes and on the date stated above. 23c. DATE SIGNED (City, town, or county) ADDRESS

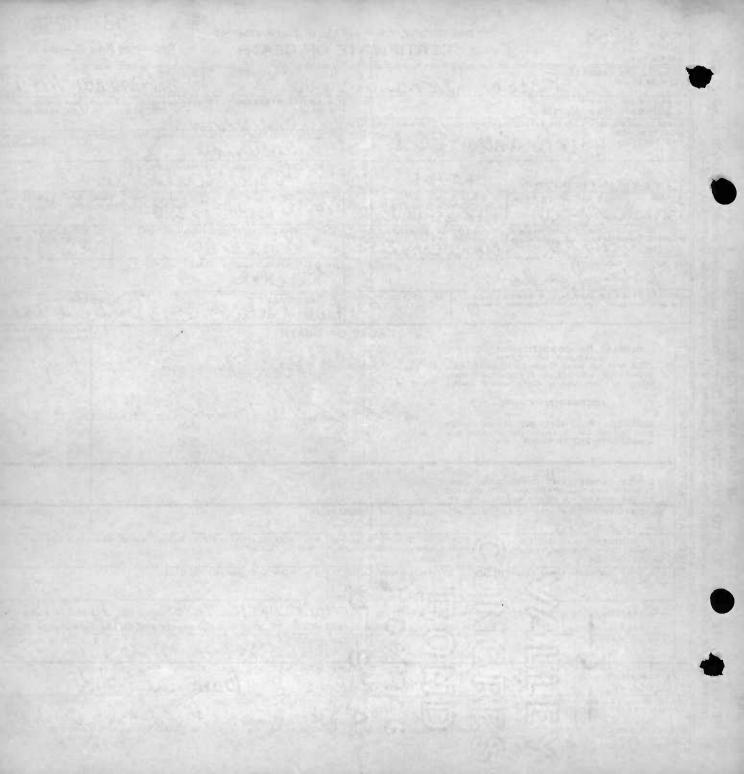
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Registered No 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) AGE (In years) last birthday) | Months: Days | Hours | Min. 12. CITIZEN OF WHAT COUNTR us ADDRESS ONSET AND DEATH 20. AUTOPSY NO X (If in Baltimore City, give exact location) 2, 1953, to January 9, 1953 that I last saw the _m., from the causes and on the date stated above, 23c. DATE SIGNED county)

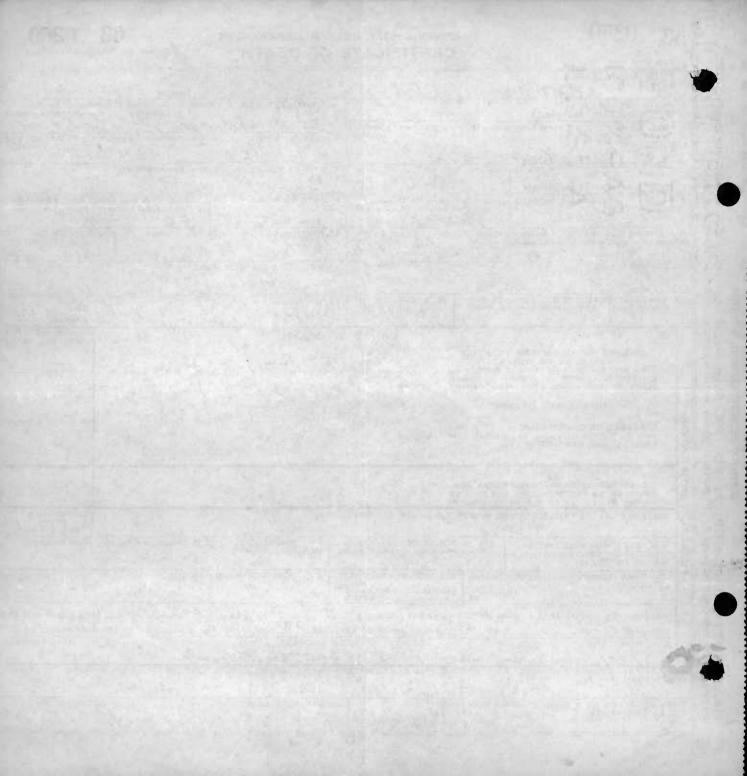




BALTIMORE CITY HEALTH DEPARTMENT Registered No 1259 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) brefully supplied DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside cornorate limits, write RURAL and give INSTITUTION legibly. Yrs. ADDRESS (If rural, give location) Mos. ours c. Length of stay in Baltimore Days ld be 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. ACF (In years | Under I Year | If Under 24 Hours last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) shoul 10A. USUAL OCCUPATION (Givekiodof) 11 BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done doring most of working life, even if retired) INDUSTRY WHATCOUNTR information s of death cle Froces 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or cohoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 2500 of INTERVAL BETWEEN item 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. MEDICA 21A. ACCIDENT, SHORE, 21C.WILREDID Main Ball hore City, give exact location) 218. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? especially impr 500 V 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OF INJURY WHILE AT AT WORK 22. I hereby certify that A attended the deceased from 12-3/452 _, 19 _. that I last saw the and that death occurred at \$50 deceased alive on 10-95 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24C. NAME OF LOCATION ICity, town, or county) Lucal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS VS 150

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	(Type or Print)		A. George		2. DATE OF DEATH /- /0	-53
supplied		PLACE OF DEATH: Baltimore City, Maryland	- Ceorg	4. USUAL RESIDENCE (W.		tution : residence before admission)
	H	FULL NAME OF (If not in hospital or ins DSPITAL OR STITUTION	titution, give street address or location)	c. CITY OR TOWN (If	ortside corporate limits, w	
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carefu legibly.	4	Length of stay in Baltimore	36 yrs. Mos. Days	1328 Letter	ural, give location)	
ld bland		SEX 6. COLOR OR RACE 7. SIN	NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If linds Months	
on should clearly a	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	W. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY
atic	13	FATHER'S NAME	Aspenses of	14. MOTHER'S MAIDEN NA	ME	4.8
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ADING INK.	FICATION	DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.		ronory Brern	DSCX Q POS : 1	
UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSII	LATED			
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INLY,	M	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK	$\neg 1$	OCCUR?	
RITE I		22. I hereby certify that I attended deceased alive on / - 10-, 195	the deceased from /-	red at /2 30 am., from th	1-10, 1953, the causes and on the d	at I last saw the
WRI e is		23a. SIGNATURE Willowway	mo M.D.	South Baltimore	Sent lotop	- 10 - 53
AS	TIC	DALLA LA	53 Coldan	Bad 246. LC	a. a. L	Ounty) (State)
PLEAS	L	TE RECEIVED BY REGISTRAR'S SIGN	Williams, M.F.	25 FUNERAL DIRECTOR	ceno 14 w SB	huleo st
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CERTIFICATION

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18.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

NAME OF DECEASED RACHE	EL RIOS	ENBERG
. PLACE OF DEATH: . Baltimore City, Maryland 4613	Park Hets	4. USUAL RESIDEN

2. DATE OF DEATH

(If not in hospital or institution, give street address or B. FULL NAME OF location

ICE (Where deceased lived, If institution; residence B. COUNTY before admission) margland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Yrs. Mos: c. Length of stay in Baltimore DADE D. STREET ADDRESS (If rural, give location) 9. AGE (In years) If Under I Year I Under 24 Hours

6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) colore 10A. USUAL OCCUPATION (Give kind of

10B. KIND OF BUSINESS OR

INDUSTRY

last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

15

ADDRESS

18. FATHER'S NAME

none

work done during most of working life, even if retired)

16. SOCIAL SECURITY NO. MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or naknown) (If yes, give war nr dates of service)

722.0

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OUE TO

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY YES NO

21A. ACCIDENT WAS UNDER-

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

WHILE AT NOT WHILE WORK

AT WORK

22. I hereby certify that I attended the deceased from 1953, and that death occurred at 6 30 m., from the causes and on the date stated above. au. 9 deceased alive on_

1950

23A. SIGNATURE 24A. BURIAL, CREMA-24B, DATE 23B. ADDRESS

23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

TION, REMOVAL (Specify Josepheren

REGISTRAR'S SIGNATURE

ADDRESS

21. 9, 195 3, that I last saw the

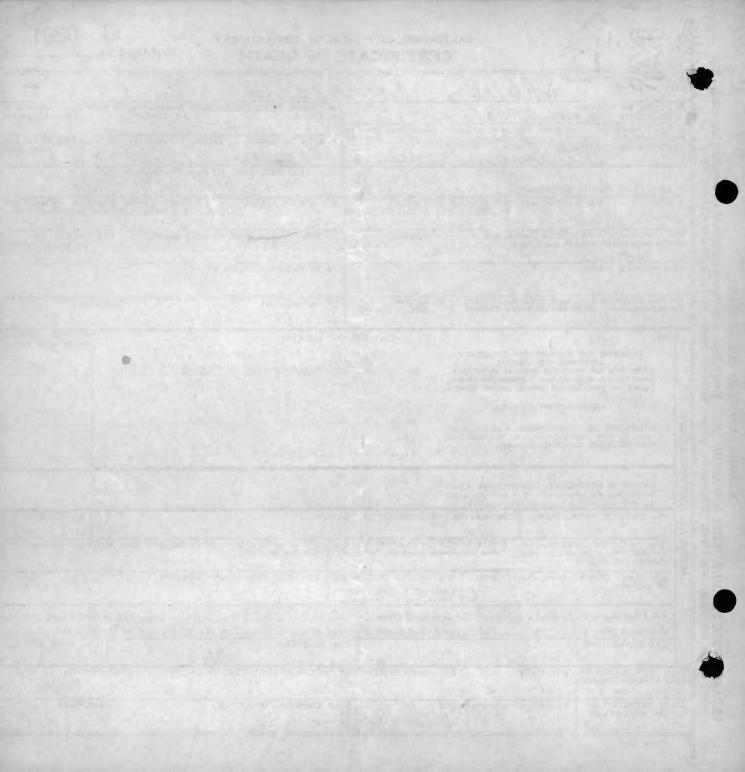
DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

(State)

VS 150

UNFADING Physicians: important. especially PLEAS



UNFADING INK. Every item of information should be carefully supplied. The Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE P. INLY, WITH

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VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

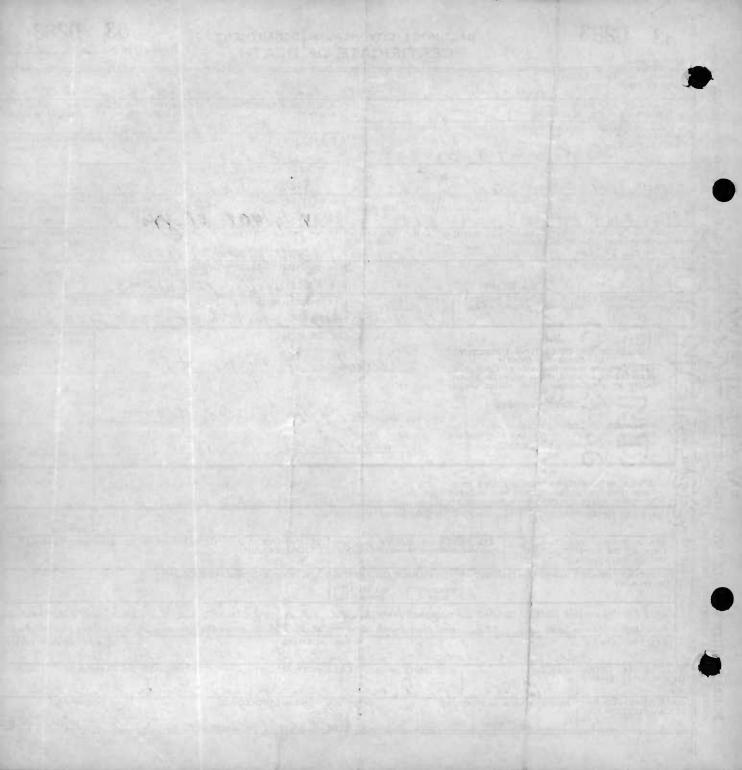
Registered No. 0262

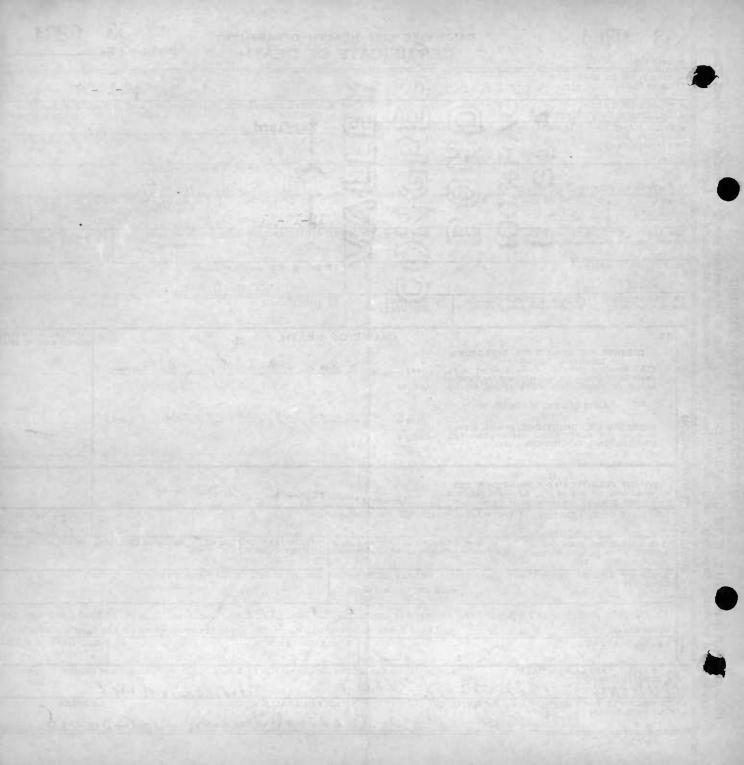
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supplied	A.	Baltimore (City, Mary				A. STATE		cased lived. If	institution: residence before admission)
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f de	15	. WAS DECEASE	ED EVER IN U	. S. ARMED	FORCES?	16. SOCIAL	Ma	get-		
of infe	(Ye	s, no or unknown)	(If yes, give	war or dates	of service)	SECURITY NO.	17 INFORMANT	Cohen		Janes
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UNFADING Physicians:	FIC.					(C)	***************************************		***************************************	
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PLEAS		ATE RECEIVE		SISTRAR'S	SIGNATUR	Huare O-	25. FUNERAL DI			-ADDRESS
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SESSOM 0263 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) should Larefully supplied. 550 m DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL ON HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1m0 m 0 Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) birthday) Months Days Hours Min. sin o. information shoul 10A. USUAL OCCUPATION Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign of intry) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Aborer Loya s 5.19 160 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) SECURITY NO causes -01-2065 3308 18. INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., lvery ite write heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO 国 ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) especially imre INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK 22. I hereby certify that I attended the deceased from Och. 1, 1952 to 100. , 19 that I last saw the RITE 1953, and that death occurred at 2:224.m., from the causes and on the date stated above, deceased alive on 14m 7 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED ans -8-53 24A. BURIAL, CREMA- 24B. PATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or coupty) any DATE RECEIVED BY () REGISTRAR'S SIGNATURE 25. FUNERAL ADDRESS LOCAL REGISTRAR VS 150

RESERVED





before admission)

12. CITIZEN OF

ONSET AND

20. AUTOPSY

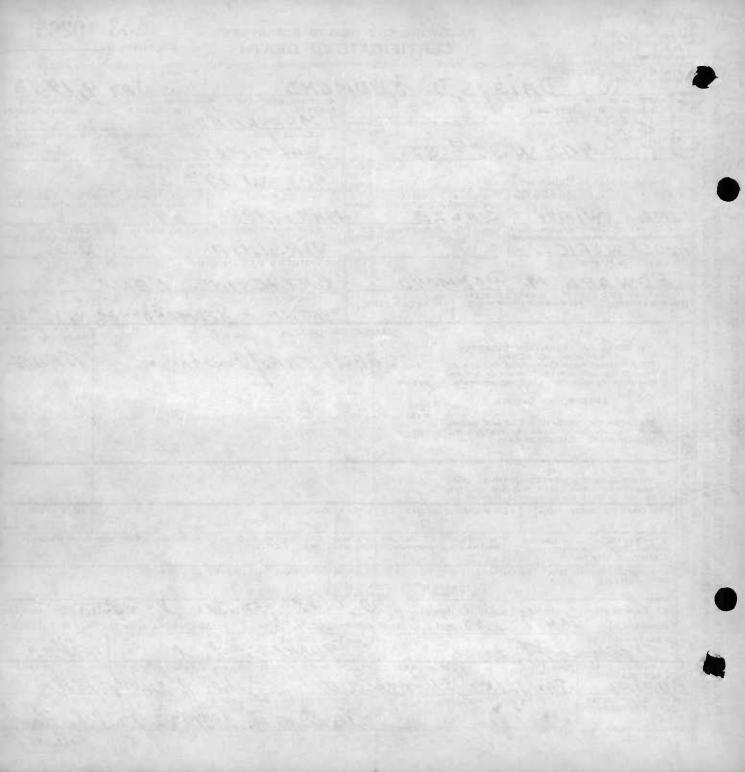
23c. DATE SIGNED 1-10-53

ADDRESS

YES

WHAT COUNTRY

township)



1.	0266 IRTH NO.	CERTIFICATE OF	DEATH Registered N	o. U266
	Type or Print) RAYMOND	D. FORD	OF DEATH	53
A.	. PLACE OF DEATH: . Baltimore City, Maryland	A. STATE	L RESIDENCE (Where deceased lived, If i	nstitution : residence before admissio
H	FULL NAME OF (If not in hospital or OSPITAL OR NSTITUTION	institution, give street address or location)	OR TOWN (If outside corporate limits	, write RURAL and gi
c.	Length of stay in patimore	Yrs. D. STREI	T ADDRESS (If rural, give location) 4 Warmon Street	+ #30
	MW		OF BIRTH 9. AGE (In years last birthday) 3, 1879 9. AGE (In years Monday)	Under 1 Year nths Days H Under 24 Ho 11 Hours Mi
wor	Bulling most working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	HPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
-	Edward M. Ford	Cold	ua M. Cop.	
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FOR ea, no or unknown) (If yee, give war or detes of sec	rvice) 16. SOCIAL 17. INFO	P. Ford 1924 Ha	mon H.
	18. 42011	CAUSE OF DEA	тн	INTERVAL BETWE
	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyi heart failure, asthenia, etc. It means th	ing, e.g., (A) Froballe	Thyocardial Inforce	Son 48 les.
	injury or complication which course			
	injury or complication which caused ANTECEDENT CAUSES			
ATION		d death.) DUE TO (B) Approximation (Compared to the compared	ur Cardiovascula Dicese	2
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	(Type or Print) MISS LORETTA LEE KETTERING	2. DATE OF DEATH 1/8/5	3			
	a. Baltimore City, Maryland BALTO. MD. B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institute A. STATE B. COUNTY MARYLAND	tion: residence before admission)			
	HOSPITAL OR INSTITUTION BON SECOURS HOSPITAL location	C. CITY OR TOWN (If outside corporate limits, writ	e RURAL and give township)			
and legibly	Yrs.	D. STREET ADDRESS (If rural, give location)	<u>Q</u>			
leg	c. Length of stay in Baltimore 7	121 S. AUGUSTA AVE.				
20	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years If Under)	Yaar II Under 24 Hours			
	FEMALE WHITE SINGLE	9/25/45 last birthday) Months:	Days Hours Min.			
clearly		BALTIMORE MRN/AND.				
th		14. MOTHER'S MAIDEN NAME	<i>U</i>			
death	JOHN KETTERING	ADELE WEISENGOFF	WEISENGOFF ADDRESS			
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes) 00 or uokoown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRE	DRESS INTERVAL BETWEEN			
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the	(This does not mean the mode of dying, e.g.,	Lymphatic Leu Komia	6 mo.			
write	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO					
	ANTECEDENT CAUSES					
please	Z GB CONDITIONS (B)					
ple	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
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Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
hy	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	194. DATE OF OPERATION A LIGH MAJOR FINDINGS OF OPERA	TION	20. AUTOPSY?			
int.	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in c. ly INGO OR CONTRIBUTION about home, farm, factory, street, office bldg., etc.		YES NO			
important.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc		cact location)			
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ecr	22. I hereby certify that I attended the deceased from De-	1954 to 0 8, 1957 tha	t I last saw the			
espec	deceased alive on and that death occurr	ea atm., from the causes and on the da	te stated above.			
18	23A. SIGNATURE / 23	B. ADDRESS	DATE SIGNED			
5	24A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER'	Y OR CREMATORY 24D. LOCATION (City, town, or cot	inty) (State)			
ct	BURIAL JAN. 12, 1953 NEW CATHEON		MA			
orrect	DATE RECEIVED BY REGISTRAR'S SIGNATURE 12		RESS , O.			
00	LOCAL REGISTRAR Tuntington (18604) ATC	AMRLES W. Kachnuskas ToaMcH.	FNRVSI>			
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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

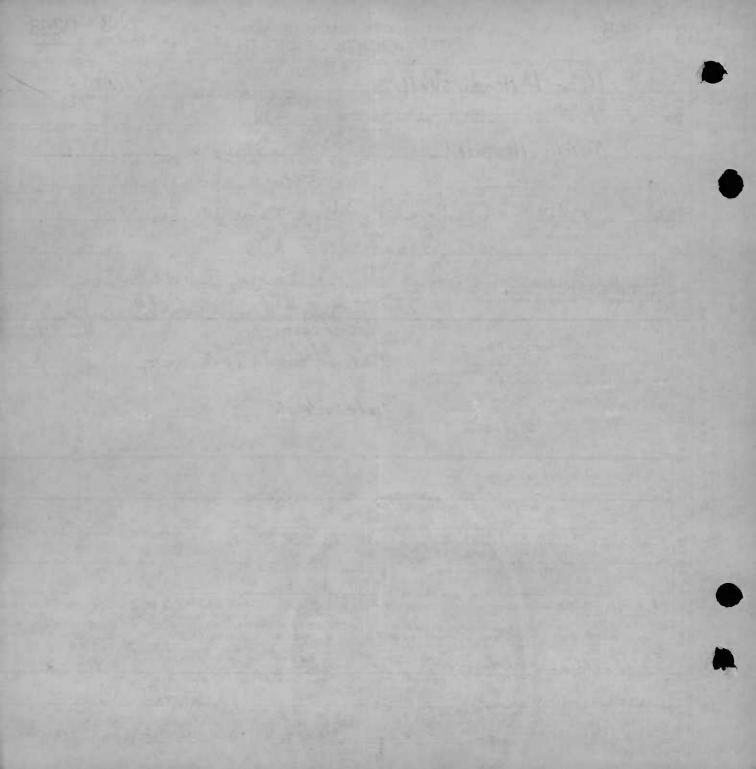
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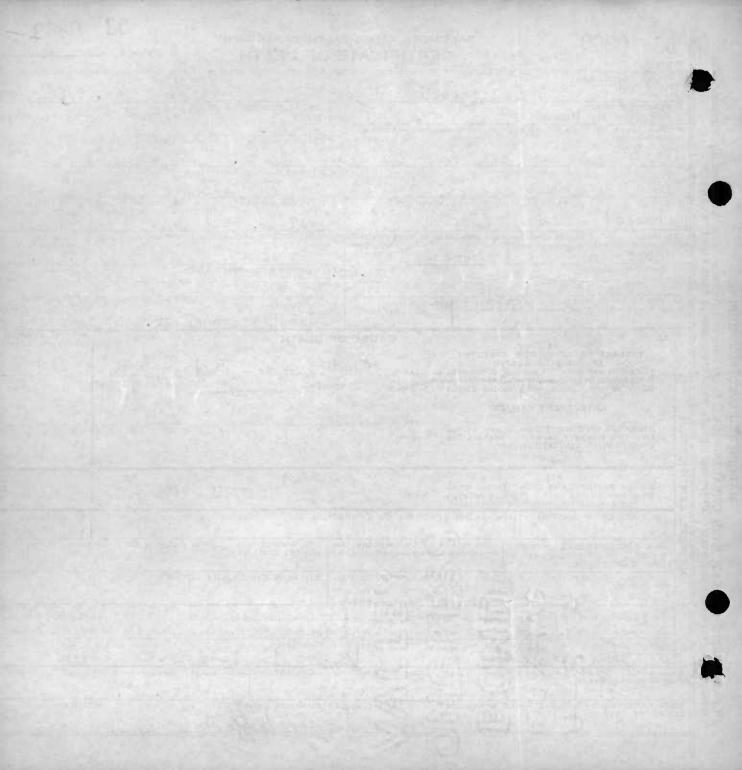
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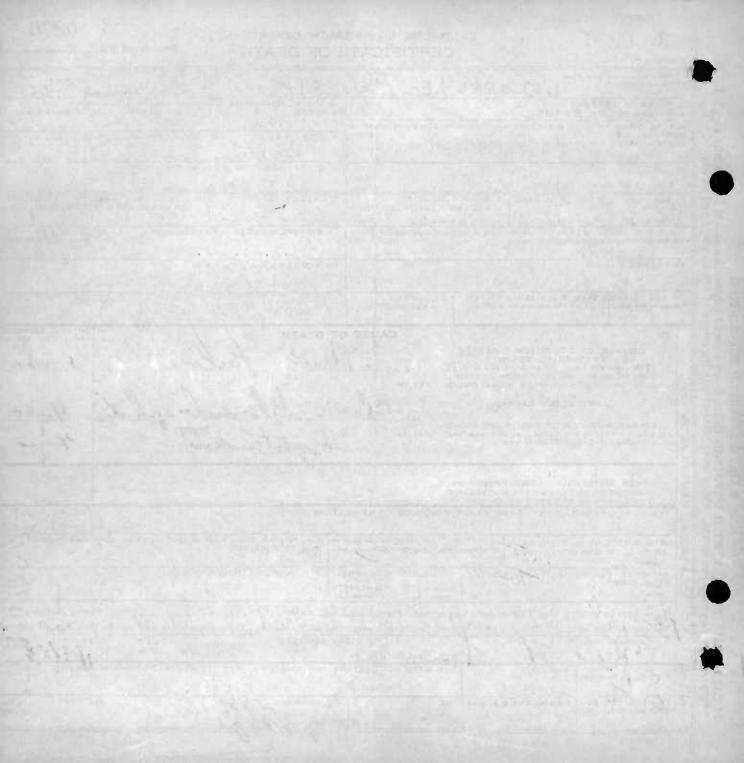
DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE obert A. Howay skell (Type or Print) DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION refully township) legibly. faral, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore ca Days 7. SINGLE, MARRIED AGE (in years if Under 1 Year It Under 24 Hours las birthday) Months Days Hours Min. 6. COLOR OR RACE 8. DATE OR BIRTH ld be WIDOWED, DIVORCED (Specify) information should sof death clearly ar OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME FATHER'S NAME BINDING 15. WAS DECLASED EVER IN U. S. ARMED FORCES 17. INFORM ADDRES. (Yee, no or unknown) (If yes, give war or dates of service) of INTERVAL BETWEEN 18.0021 CAUSE OF DEATH ONSET AND DEATH y item the cau FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Every heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) RTIFICA MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION WITH YES important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [CAUSE OF DEATH. 11 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE ecially WORK 22. I certify that I took charge of the remains described above, held an - ushec thereon and from Autopsy, Inspection or Inquiry esp the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes \mathbf{x} , accident \square , suicide \square , homicide \square , undetermined \square . is. 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. age MEDICAL INVESTIGATOR SE 24A. BURIAL, CREMA-24C. MME OF CEMETERY OR CREMATORY BAD. LOCATION (City, town, or county) 248. DATE PLEA DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151





VS 150

0-	53 0270 BALTIMORE CITY HI	EALTH DEPARTMENT 53	0270
he	BIRTH NO. CERTIFICAT	E OF DEATH Registered No.	
ed.	1. NAME OF DECEASED DELORES LEE PH	12. DATE OF DEATH Janua	my 8,1953
ilqq	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	stit tion: residence before admission)
efully supplied.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		e Charle del
	JOHNS HOPKINS HOSPITAL	D. Ot.	township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
	c. Length of stay in Baltimore Life Mos. Days		1,2-2,7
uld be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7-6-42 9. AGE (In years list birthday) Month	der i Year H Under 24 Hours hs Days Hours Min.
information should s of death clearly as	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
ion r cl	Student School 13. FATHER'S NAME	A.A.CO. Md.	
mat	James Phillips		
for f d	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Irene Sprowse	DRESS
f ir	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT HOPKINS HOSPITAL ADD	
INK. Every item of i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING	Heart Farline	INTERVAL BETWEEN ONSET AND DEATH
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UNFADING Physicians: 1	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
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LY, WITH important.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, ferm, fectory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, giv	e exact location)
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The state of the s	m. WHILE AT NOT WHILE ME WORK AT WORK		
Pi	22. I hereby certify that I attended the deceased from	12-26, 1952, to 1-8, 1953,	that I last saw the
RITE s espe	deceased alive on 1-8, 1953 and that death occu	rred at Scom., from the causes and on the	date stated above. 23c. DATE SIGNED
	H. C.	238. ADDRESS HOPKINS HOSPITAL ERY OR CREMATORY 240. LOCATION (City, town, or	1/8/53
PLEASE correct a	24A. BURIAL REMA- TION, REMOVAL (Specify) Burial Jan 12/53 Glenhave		(2000)
LE/	DATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS
F 8	LOCAL REGISTRAR	Vary Walth 4101 Edmonds	on Ave



VS 150

before admission)

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

(State)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ADDRESS

Registered No NAME OF DECEASED 2. DATE OF ENIAMIN PLESTEIN OLOMON DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If Institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLANI B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give LTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mrs. 3302 THIRULEU) c. Length of stay in Baltimore Daws 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) MARRIET WHITE IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY retire" RAR19N 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Saac 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. PPLESTEIN AME ENNIE INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21A. ACCIDENT WAS UNDER-218, PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 1-1947 da 20 that I last saw the deceased alive on_ and that death occurred at. 6 - a.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (State)

25. FUNERAL DIRECTOR

write

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WITH important.

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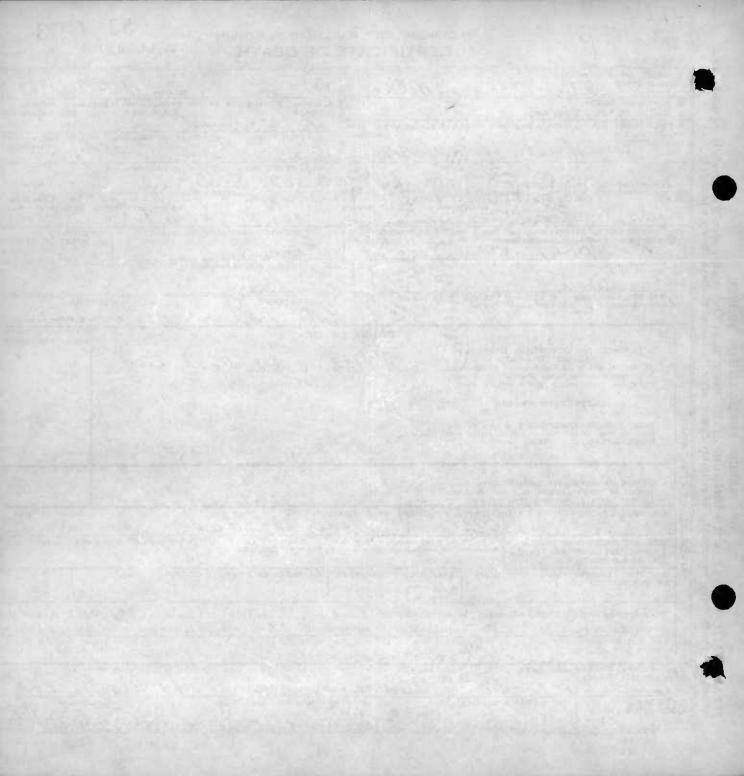
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LOCAL REGISTRAR

Burea DATE RECEIVED BY 2-1

REGISTRAR'S SIGNATURE

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		53 0273	3	BALTIMORE CIT	Y HEALTH DEPARTMEN	т 53	0273
he	B	IRTH NO.		CERTIFIC	CATE OF DEATH	Registered	No.
F	1.	NAME OF DECE			4	2. DATE	and the same of th
ied	_	Type or Print) 5	KLA	R, HARRI		OF //	JAN.1983
llqqı	A.	Baltimore City,	Maryland		4. USUAL RESIDENCE	(Where deceased lived, I	'institution : residence before admission
ns A	H	FULL NAME OF OSPITAL OR	(If not in hospital	al or institution, give street add	dress or cation) C. CITY OR TOWN	(If outside corporate-limi	m write RURAL and give
arefully supplied	110	SUNTA	Hosp.	of Balt. In	- Balfim	one 20	township
d bearefu		42-	0	0	Mone we can ca	(If rural, give location)	1
B le le		Length of stay	n Baltimore	7. SINGLE, MARRIED.	B. DATE OF BIRTH	9. AGE (in years)	H Under 1 Year H Under 24 Hours
ıld an	1	Male, U	stute.	WIDOWED, DIVORCED	(Specify)	last birthday) M	onths Days Hours Min.
IDING information should of death clearly an	IC		ATION (Give kind of ing life, even if retired)		OR II. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF
ion	6	secul	we	Jertilyer	Keern	e	WHAT COUNTRY
NG rmati death	1	B. FATHER'S NAME		1	14. MOTHER'S MAIDEN	NAME	
DIN nfor	15	S. WAS DECEASED EV	ER IN U.S. ARMED	FORCES? 16. SOCIAL	17, INFORMANT		DDDCGG
BINDING of inform uses of dea	(Ye	m, no or unknown) (I	yes, give war or dates	of service) SECURITY	NO. Kato Oxlo	w - h	DDRESS
		18. 541.0		CA	USE OF DEATH		INTERVAL BETWEEN
or it		DISEASE O	in alex				
_ 2-		heart failure, as	mean the mode of thenia, etc. It mean dication which c	ns the disease.	leeding durch	nee accor	
RVED Ever write			ECEDENT CAUS				
RESERVED INK. Ever please write	Z			(B)			*******
	5	RISE TO THE A	CONDITIONS, IF BOVE CAUSE (A) CONDITION LA	STATING THE DUE TO			
MARGIN UNFADING Physicians:	NO.			(C)			
AR(RTIF	OTHER SIGNI	II FICANT CONDI	TIONS CON.			
MUNI	CEF	TRIBUTING TO	THE DEATH, BUT	NOT RELATED			
Ht.	7	19A. DATE OF OF	PERATION 1	B MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?
LY, WITH important.	ICA	21A. ACCIDENT	WAS UNDER-	21B. PLACE OF INJURY		(If in Baltimore City,	give exact location)
Y, Toor	MEDI	LYING OR CO	NTRIBUTING	about home, farm, factory, street, off	ce bldg.,etc.) INJURY OCCUR?		
Z	-	2 ID. TIME (Mont	h) (Day) (Year)			RY OCCUR?	
iall					WORK		
TE Pespecially				ended the deceased from			, that I last saw the
RITE is esp		deceased alive of		, 1953, and that death	oeeurred at S Am., from	the eauses and on t	he date stated above
No.		1 /00	ace W	Derntorm.	of Juna 1	Yerrs -	11 Jan 53
62.0	19	A. BURIAL CREM		249. NAME OF CI	EMETERY OR CREMATORY 240	LOCATION (Gity, town	or county) (State)
PLEAS. correct	D	ATE RECEIVED BY	REGISTRAR'S	S SIGNATURE	25. FUNERAL DIRECTOR	R	ADDRESS D
PI		JAN 1 2 10E	+ + p	tox Williams	Mar Mar No Kozana	12 2100G	estan 16
	-	VS 150	9 110000	1	11		
	1			29	BUR		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Ellen Kriht refully supplied 3. PLACE OF DEATH: A. Baltimore City, Maryland arvland (If not in hospital or institution, give street address or B. FULL NAME OF C. CITY OR TOWN 1811 N. Monroe street INSTITUTION Baltimore on should be grefu Yrs. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Colored Dec. 2,1394 wil owed 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY information s Virginia Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Baskerville 1811 Every item exrite the cause 18. CAUSE OF DEATH 153 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH accumitage (This does not mean the mode of dying, c.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Carcinoma of cecum **FICATION** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: pl UNDERLYING CONDITION LAST. ERTII H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY ecially NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 1 - 3 1951 to 1 9 deceased alive on 23A. SIGNATURE 23B. ADDRESS PLEASE correct age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Jan. 13.1950 aubirn Cometer Teltimore. Jurial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR 100 DRESS LOCAL REGISTRAR

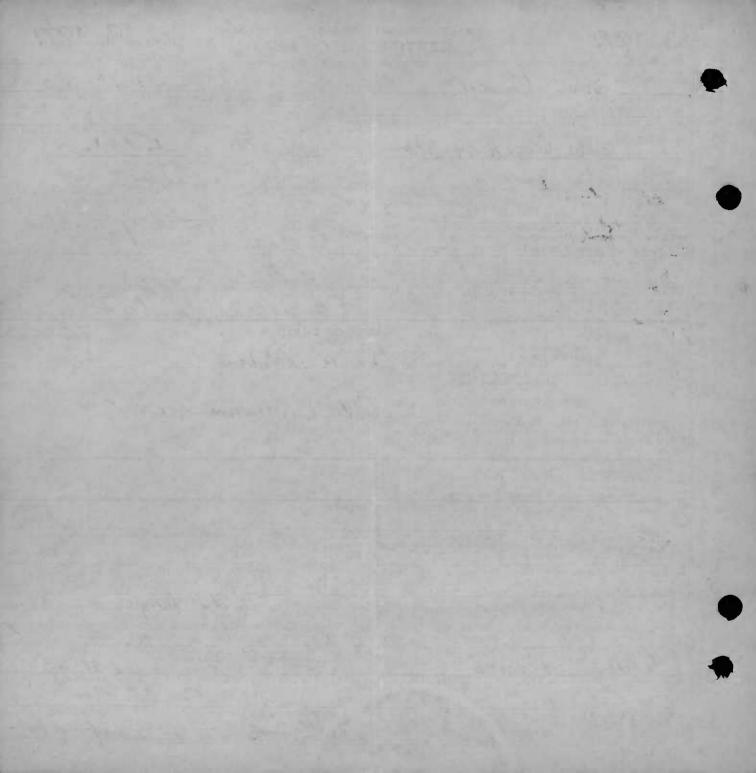
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CERTIFICATE AMENDED Registered No. 369 DEATH Jan. 9. 1953 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 1811 . onroe street 9. AGE (In years) If Under 1 Year If Under 24 Rous last birthday) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY? U. D. A. ADDRESS 1.lorroe INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES (If in Baltimore City, give exact location) , 1953, that I last saw the 19 53, and that death occurred at 7:30 Am., from the causes and on the date stated above, 23c. DATE SIGNED 24c. NAME of CEMETERY OF CREMATORY | 24b. LOCATION (City, town, or county)

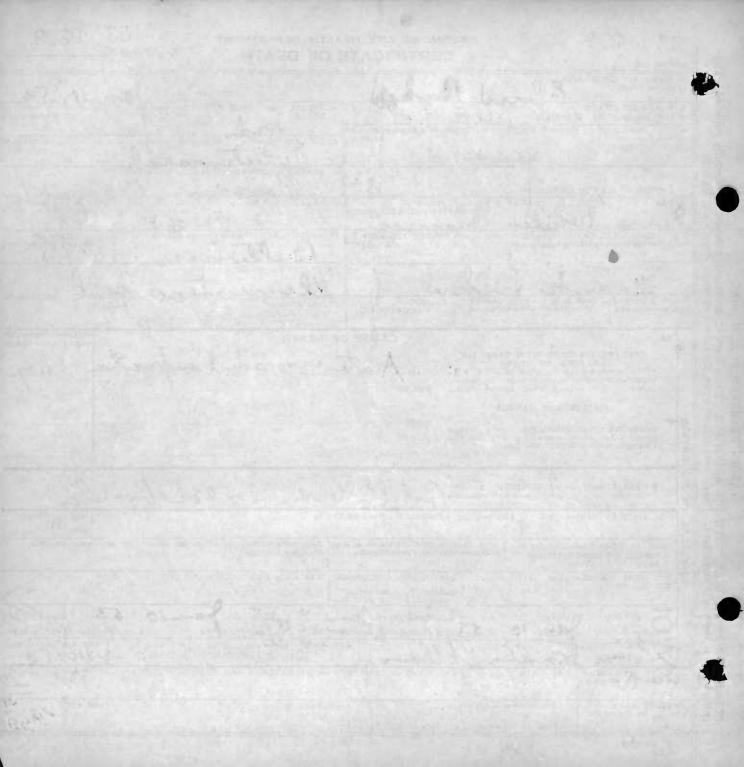
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See query reply in Document file.

2	DO D BALTIMORE CITY H	EALTH DEPARTMENT 53 0200
9 B		E OF DEATH Registered No. Ud//
	NAME OF DEGEASED TOUCH	2. DATE OF 1-10-53
oplied	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admissio
ins A.	STITUTION 3201 Reachest adve	
carefully supplied legibly.	Yrs. Mos.	2 mai D. boot and
5	Length of stay in Baltimore Days SEX 6. COLOR OF RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year H Under 24 Hot
should be	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR to one during most of working Aller even if retired) ANDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
on shoul	Carefy Salesman Carefy 1. FAYAER'S NAME	Babh G 211
eath	MAS DECEASED EVER IN O.S. ARMED FORCES? I 16, SOCIAL	Catherine Just
s of c	(If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Blatrice Just 3 201 Rencher
of	18. 581.1 CAUSE	OF DEATH
the the	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	nic Alabalism
Evel	injury or complication which caused death.) OUE TO	1 + (11 / (1.)
INK. slease	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	by Infiltration of Liver
- H	UNDERLYING CONDITION LAST. (C)	
INFADING hysicians. EETIFICA	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
PHIO	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
important.	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	
7 11	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS WHILE AT NOT WHILE AT WORK AT WORK	E
	22. I certify that I took charge of the remains described	
RITE PLA is especial	and death in my opinion resulted from: natural cause	Inquiry, find that said deecased died on the day stated aboves \mathbb{Z} , accident \square , suicide \square , homicide \square , undetermined \square .
age is	231. SKINATURE USOVICE	238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER
PLEASE correct a	AA. BURIAL, CREMA- 24B. DATE CALL NAME OF CEMET	ERY OF CREMATORY 240. LOCATION (City town, or county) (State
Corr	ATE RECEIVED BY RECISTRAR'S SIGNATURE.	25. JONERAL DIRECTOR ADDRESS AND THE STATE OF NORTH ADDRESS
V	S 151	845



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25. FUNERAL DIRECTOR

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DATE RECEIVED BY

LOCAL REGISTRAR

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REGISTRAR'S SIGNATURE

before admission)

20. AUTOPSY

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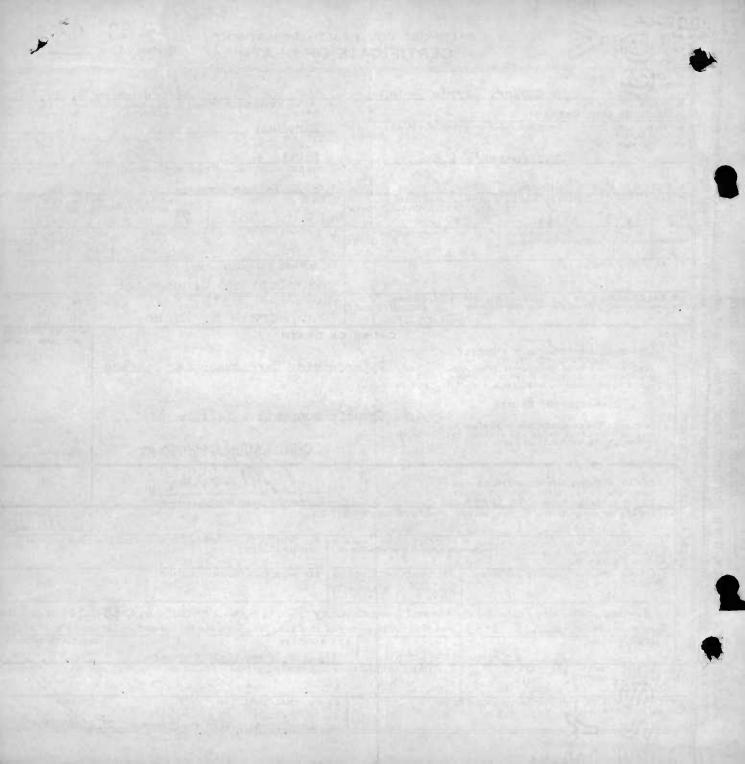
be OK - ty

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 OZR3

DIE				CERTIFICAT	E OF DEATH	Registered No.	
_	NAME OF DECE	ASED					
(Ту	pe or Print)		~ Co~	and a TOD		2. DATE OF	0 000
3. F	PLACE OF DEAT	H: MCCUSKE	r, car	rie Edna	1 4. USUAL RESIDENCE	DEATH January	titution: residence
A.]	Baltimore City	, Maryland			A. STATE	B. COUNTY	before admission)
HO	ULL NAME OF	(If not in hospit	al or institu	tion, give street address or location)		If outside corporate limits, v	
INS	NOITUTION					If butside corporate finals, v	township)
	41	St. Jos	eph's	Hospital Yrs.	Baltimore D. STREET ADDRESS (If rural give leastion	OI
- 1	on orth of otan	in Dal4:		Mos.			
	Length of stay	COLOR OR RACE		E. MARRIED.	2871 Pelham A		der I Year If Under 24 Hours
		TORON ON NAME	WIDOV	VED, DIVORCED (Specify)		last birthday) Month	
	'emale	White PATION (Give kind of	W-	ldow	Sept.2, 1881	1 /1	
work o	lone during most of wor	king life, even if retired)		O OF BUSINESS OR INDUSTRY			2. CITIZEN OF WHAT COUNTRY?
10	Housewo		at	home	Baltimore, Mo	d. US	SA
	FATHER'S NAM						
		Armstron			Harriett R.		
15. (Yes,	WAS DECEASED E	VER IN U.S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Del		RESS
	10			none	Mrs. Morris	W. Evans	
ERTIFICATION	DISEASES OF	sthenia, etc. It mea plication which c recedent caus a conditions, in above cause (A)	ES F ANY, GIVING TE	(B)Chron	ic congestive fa		
CERTIF	TRIBUTING TO	II IFICANT CONDI THE DEATH, BUT SE OR CONDITION	NOT RELAT	ED	MIGA ASST MED	oher M.D.	
	19a. DATE OF C	PERATION 0 1		FINDINGS OF OPER	RATION		YES NO X
MEDICAL	21A. ACCIDENT LYING OR CO CAUSE OF DEA	DNTRIBUTING	218. PL. about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	n or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore Clty, give	e exact location)
_	21D. TIME (Mon	th) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUI	RY OCCUR7	
	o. moon		m.	WHILE AT NOT WHILE			
-	22. I hereby ce	ertify that I att	ended the	deceased from Jar	uary 9 , 19 53 to	January 9, 1953	that I last saw the
-			, 1953,	and that death occu-	rred at 2:20 pm., from		
	23A. SIGNATUR	n 1.	1				23c. DATE SIGNED
24	. BURIAL CREM	A- 248, DATE	-	24C. NAME OF CEMETE	1400 N. Carolin	e Street	Jan 9 1953 county) (State)
_	N. BURIAL, CREM N. REMOVAL (Speci DUPIAL		3	Druid Ridge	Cem. Balt	imore, Md.	
	TE RECEIVED B		SIGNAT	URE / 17 .	25. FUNERAL DIRECTOR	& dors TNOS	DORES

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Female

(Yes, no or unknown)

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BALTIMORE CITY HE CERTIFICATE	E OF DEATH Registered No.	0284
nna Zeller - Zielski	2. DATE OF DEATH Jan. 10	,1953
tal or institution, give street address or eph's Hospital Caroline St. Yrs.	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, w Baltimore — Towson D. STREET ADDRESS (If rural, give location)	before admission
Mos. Days 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) WICOW	B. DATE OF BIRTH May 24, 1869 9. AGE (In years last birthday) 83	s Days Hours Min.
at home	Germany USA	CITIZEN OF WHAT COUNTRY
r	14. mother's maiden name Anna ?	
D FORCES? 16. SOCIAL SECURITY NO. 218-07-9514	17. INFORMANT 608 Valley Langoon	RESS 4
DIRECTLY TH of dying, e.g., ans the disease, caused death.) DUE TO	of DEATH st-operative Fracture of Rt. Hip eriosclerotic Heart Disease CERTIFICATION APPROVED BY	INTERVAL BETWEEN
ITIONS CON- NOT RELATED N CAUSING IT. 19B. MAJOR FINDINGS OF OPER	Refersher M.D.	
Fracture Rt. R 21B. FLACE OF INJURY (e. g., li obout home, farm, factory, street, office bidg., e	a or 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?	
WHILE AT NOT WHILE		. 00

Jan. 7,1953 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year OF INJURY

(If not in hospi

St. Jose 1400 N.

White

Dresche

10A. USUAL OCCUPATION (Givekindo work done during most of working life, even if retired Housework 13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARME (Yes, no or unknown) (If yes, give war or det

3.0

DISEASE OR CONDITION

(This does not mean the mode

heart failure, asthenia, etc. It me injury or complication which

DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (A

UNDERLYING CONDITION L

OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT

TO THE DISEASE OR CONDITIO

19A. DATE OF OPERATION

LEADING TO DEA

ANTECEDENT CAU

22. I hereby certify that I attended the deceased from deceased alive on Jan. 10, 1953, and that death deceased alive on Jan. 23A. SIGNATURE

Jan.

and that death occurred at_

24C. NAME OF CEMETERY OR CREMATORY

Caroline St

PURECTOR

23B. ADDRESS

Jan. 10 , 19 53that I last saw the 7:45 R. From the causes and on the date stated above. 23c. DATE SIGNED

(State)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

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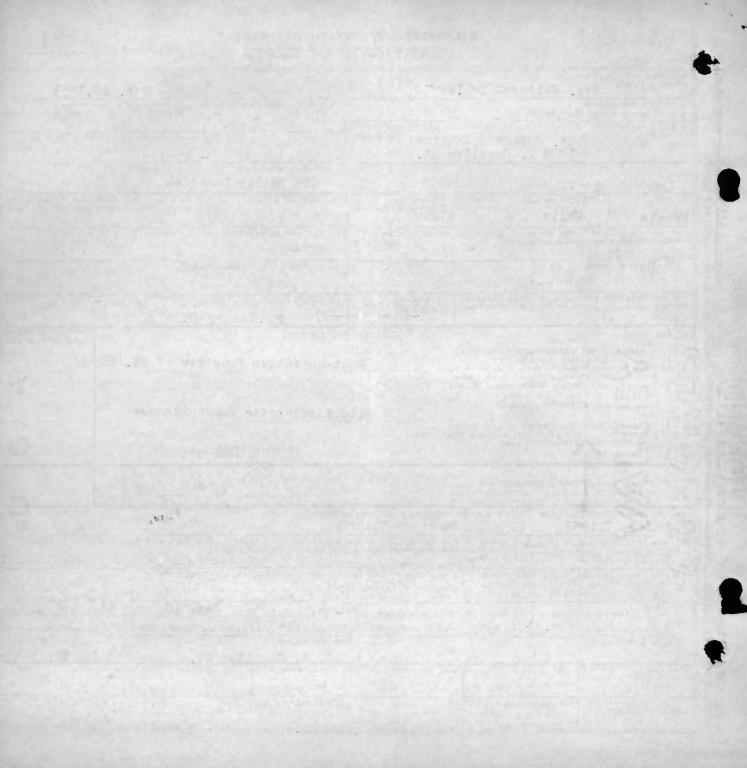
Holy Rosary emeter burial DATE RECEIVED BY 25 FUNERAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR

ADDRESS

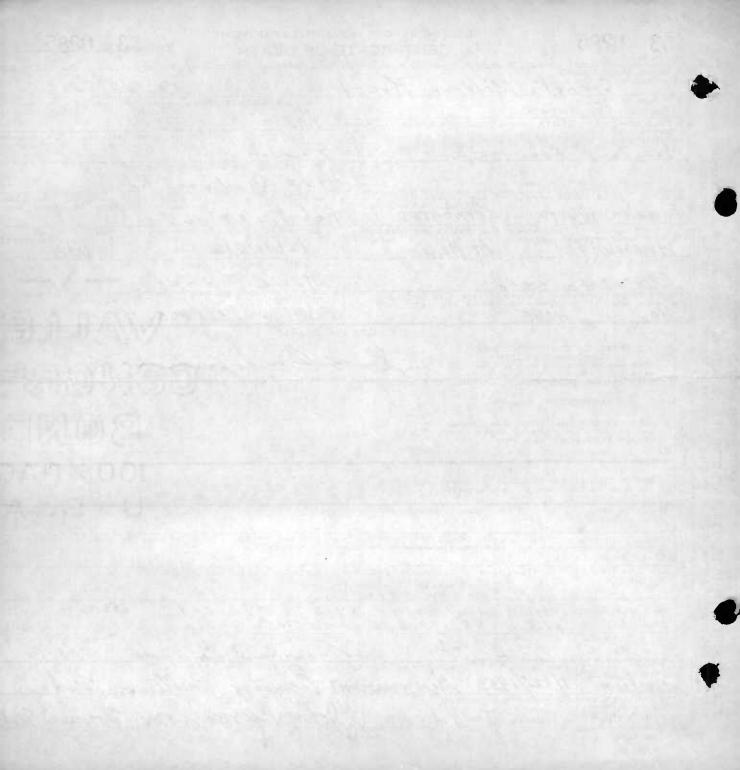
24D. LOCATION (City, town, or county)

N820.0

24B. DATÉ



Registered No. 0285 before admission) (If outside corporate limits, write RURAL and give township) 9. AGE (In years last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY ISA ADDRESS INTERVAL BETWEEN DNSET AND DEATH 20. AUTOPS VES (If in Baltimore City, give exact location) , 19 53 that I last saw the 23c. DATE SIGNED



	IRTH NO.		CERTIFICAT	E OF DEATH	Registered	No
	NAME OF D	HARRY L	W OWINGS		2. DATE OF 2	4 11. 195
A.		EATH: City, Maryland	1	4. USUAL RESIDENCE (W	DLA	
1	FULL NAME OSPITAL OR NSTITUTION		tal or institution, give street address of GMORIAL HOSP.	\	outside corporate limi	ts, write BURAL ar
	1/4/		life AMS.	DALTIMORE D. STREET ADDRESS (If	rural, give location)	ho b
c.	Length of s	tay in Baltimore	Mos. Days	3012 GUI	LFORD A	UE
5.	M	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify 7 single	SEPT 3 187	9. AGE (In years last birthday) M	M Under 1 Year H Under onths Days Hours
1 C	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	Ass t.Cashier INDUSTR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT_COU
	RET B. FATHER'S N	1160	First National Bank	BALTIMON	ec Mg	USA
		IRY W.	OWINGS	14. MOTHER'S MAIDEN NA	THE PARE	
15		ED EVER IN U. S. ARME	D FORCES? 16. SOCIAL	17. INFORMANT	TILDE AT	ADDRESS
(10	no	(If yes, give war or date	SECURITY NO.	ROBGRT = 0	WINES 3	18 WOODLA
	injury or	complication which ANTECEDENT CAU				
CATION	DISEASE RISE TO 1		caused death.) DUE TO / SES (B)			
	DISEASE RISE TO 1	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A)	caused death.) DUE TO / SES (B)			
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EDICAL CERTIFICATI	OTHER STRIBUTION TO THE DISA. DATE CONTINUED TO STATE OF INJURY	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L BIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION ENT. SUICIDE. (Specify) (Month) (Day) (Year Y certify that I at	caused death.) DUE TO SES IF ANY, GIVING DITTONS CON- NOT RELATED N CAUSING IT. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg WHILE AT NOT WHILE WORK tended the deceased from Deceased.	in or 21c. WHERE DID (I INJURY OCCUR? RED 21f. HOW DID INJURY	OCCUR?	give exact location 3, that I last sa
MEDICAL CERTIFICATI	OTHER STRIBUTION TO THE DESCRIPTION OF INJURY 21A. ACCIDE HOMICIDE 21D. TIME OF INJURY 22. I hereb deceased at 23A. SIGNA	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L BIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION ENT. SUICIDE. (Specify) (Month) (Day) (Year The con and the condition of the condit	caused death.) DUE TO SES IF ANY, GIVING OSTATING THE DUE TO AST. OITIONS CON- NOT RELATED N CAUSING IT. 19B. MAJOR FINDINGS OF ONE 21B. PLACE OF INJURY (e.g., about home, furm, factory, street, office bidg WHILE AT NOT WHILE M. WORK tended the deceased from 1953, and that death occur	in or 21c. WHERE DID (I INJURY OCCUR? RED 21f. HOW DID INJURY E 28, 195210 urred at 2:40 Am., from B 23B. ADDRESS Which Memorial	lan (1, 195) the eauses and on the Hosp.	give exact location 3, that I last sa the date stated a
MEDICAL CERTIFICATI	OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCIDE HOMICIDE 21D. TIME OF INJURY	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L BIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION ENT. SUICIDE. (Specify) (Month) (Day) (Year The con and the condition of the condit	caused death.) DUE TO SES IF ANY, GIVING O STATING THE DUE TO AST. OITIONS CON- NOT RELATED N CAUSING IT. 198. MAJOR FINDINGS OF ONE 218. PLACE OF INJURY (e.g., about home, furm, factory, street, office bidg WHILE AT NOT WHILE M WORK tended the deceased from 195.3, and that death occur M. D. 24C. NAME OF CEMET	in or 21c. WHERE DID (I INJURY OCCUR? RED 21f. HOW DID INJURY E 25 , 19520 wred at 2:40 Am., from a 23b. ADDRESS Which Memorial ERY OR CREMATORY 24b. Lo	OCCUR?	3, that I last such a date stated a

ATTACK TO STANFORD OF STANFO

	Committee of
Total Control of the	

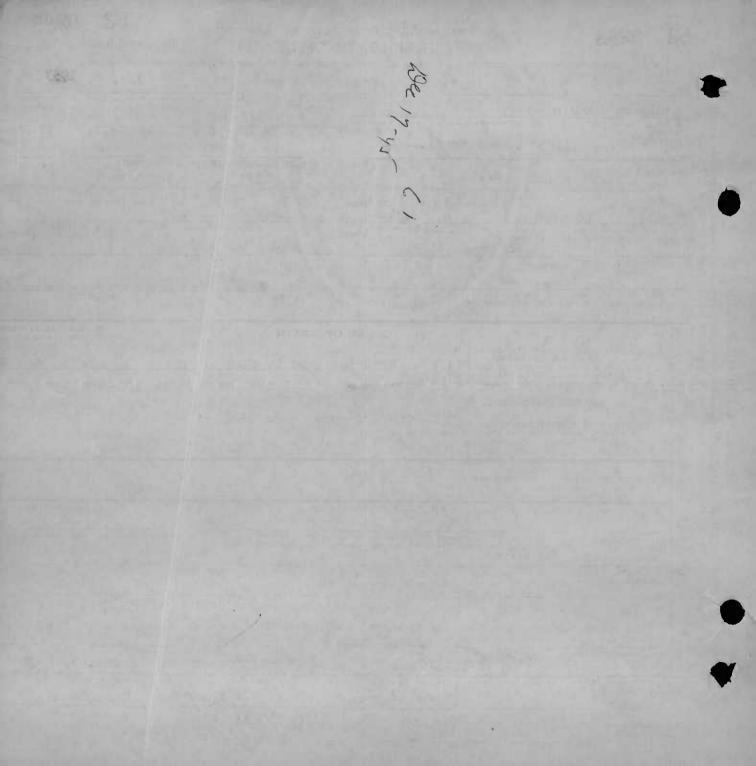
SERVED FO	K. Every it	se write the
MARGIN RESERVED FO	LY, WITH UNFADING INK. Every it.	Physicians: plea
	LA LY, WITH	nally important.

BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

5 B	3 0287 RTH NO.	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered N	0287
1	NAME OF DECEASED ype or Print) JACOB	Vost		2. DATE OF DEATH JAN 1	1 1953
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If i	nstitution : residence before admiss
HC	DSPITAL OR	stitution, give street address or location)		f outside corporate limits.	write RURAL and
	JOHNS HOPKIN	S HOSPITAL	DUNdal	k (22)	towns
c.	DUNDALK	Yrs.	1011 01	rural, give location)	
5.	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SII	NGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	Under 1 Year If Under 24
10 work	a - II a go de de la constante	DOWED, DIVORCED (Specify)	2-8-77	9. AGE (in years li last birthday) Mor	ths Days Hours
10 work		KIND OF BUSINESS OR	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF WHAT COUN
13	FARMER.	AGRICULTURE	14. MOTHER'S MAIDEN N	IAME.	V. 3 2.
13	CONRAD 105T		WILHEMINA	Vane	
15	. WAS DECEASED EVER IN U. S. ARMED FORCE , no or nnknown) (If yes, give war or dates of servi	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
	No No	217-20-0133 A	. JOHNS HOPKIN	S HOSPITAL	
CATION	injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	GIVING (B) AY TO	isocletie co	disvocal	Liene
CERTIFICA	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RI TO THE DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 19B. MA	ELATED UMW	of the obsorre	type uno	letermine 20. AUTOPS
DICAL			n or 21c. WHERE DID	Ve to Dollies City	YES NO
MEDICAL	LYING OR CONTRIBUTING about CAUSE OF DEATH	. PLACE OF INJURY (e. g., i home, farm, factory, street, office bldg.,	otc.) INJURY OCCUR?	If in Baltimore City, g	ive exact location)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
		m. WORK AT WORK	Q_ (2)	- 11 53	
odeo	deceased alive on 1-11-195		red at 105 Am from	the causes and on th	that I last sau
	200. PIGNATURE Trouble	9/1//- 2	3B. ADDRESS	HOSPITAL	23c. DATE SIG
" TIC	AA. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. I	OCATION (City, town,	or county) (St
	BURIAL 1-14-33	OBITHAK		gr10, co.,	A DDDESS
Lo	PEAL REGISTRAR REGISTRAR'S SIGN	NATURE, M.P.	25. FUNERAL DIRECTOR	. M. Al. 0	ADDRESS

severaliza en l'ary submissione Tier Wit 22-6-77 15

53		TY HEALTH DEPARTMENT CATE OF DEATH Registered N	COMMO
	NAME OF DECEASED ype or Print) MARTHA M		6, 1953
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street add	4. USUAL RESIDENCE (Where deceased lived. If	nstitution : residence before admission
HC		ocation) C. CITY OR TOWN (If outside corporate limits Baltimore	, write RURAL and giv
c.	Length of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 1153 E. Lombard Street	et
FO	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED	(Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Mo	Under I Year If Under 24 Hour nths Days Hours Min
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (If yes, give war or dates of service) LA	17. INFORMANT AL	DDRESS
FICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	teriosclerotic cardiovascular dise	ase
CERT		CONTRACTOR	
AL	19a, DATE OF OPERATION 19B, MAJOR FINDINGS OF		20. AUTOPSY? YES NO D
DIC	ZIA. EXTERNAL CAOSE WAS		
111	UNDERLYING OR CONTRIB-		
MED	UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY MWHILE AT WORK A	OT WHILE	
111	UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY WHILE AT NO WORK 22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural	or while ribed above, held an inspection & inquir Autopsy, Inspection or Inquiry on or Inquiry, find that said deceased died on the causes A, accident , suicide , homicide , u	e day stated abov
M	UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I certify that I took charge of the remains described evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural 23A. SIGNATURE	or while ribed above, held an inspection & inquir Autopsy, Inspection or Inquiry on or Inquiry, find that said deceased died on the causes D, accident , suicide , homicide , u 23B. CHIEF MEDICAL EXAMINER	e day stated abov ndetermined []. c. DATE SIGNED n. 7, 1953.
WW 24 TIC	UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural 23A. SIGNATURE 3A. BURIAL. CREMA- 24B. DATE 24C. NAME OF COMPREMOVAL (Specify)	or while ribed above, held an inspection & inquiry on or Inquiry, find that said deceased died on the causes (a), accident (b), suicide (c), homicide (c), under the causes (c), accident (c), suicide (c), accident (c), suicide (c), homicide (c), under the causes (c), accident (c), suicide (c), homicide (c), under the causes (c), accident (c), suicide (c), homicide (c), under the causes (c), accident (c), a	e day stated abov ndetermined []. c. DATE SIGNED n. 7, 1953.



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MARGIN

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No

BIRTH NO

(Yes, no or nnknown)

13. FATHER'S NAME

10A. USUAL OCCUPATION (Give kind of

15. WAS DECEASED EVER IN U. S. ARMED FORCES

work done during most of working life, even if retired)

Type Setting

2. DATE OF

January 10, 1953

Type or Print)	Willia	m Bell Jessop	
Baltimore	City, Maryland	altimore, Maryla	
FULL NAME OSPITAL OR NSTITUTION		al or institution, give street a Nursing Home utaw Place	ddress or location)
Length of	stay in Baltimore		Yrs. Mos. Days
.sex	6.COLOR DR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED Married	

10B. KIND OF BUSINESS OR

16. SOCIAL

218 SECURIT

Printing

4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

DEATH

Baltimore D. STREET ADDRESS (If rural, give location) 5011 - Ready Ave

8. DATE OF BIRTH AGE (In years last birthday) Months Days 11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY ADDRESS

If Under 1 Year

Hours! Min.

INTERVAL BETWEEN

DNSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

(If yes, give war or dates of service)

DUE TO PEREBRAL GRIERIUSCLERUSIS DUE TO

21c. WHERE DID

INJURY OCCUR?

EREBRAL THROMBOSIS

14. MOTHER'S MAIDEN NAME

17. INFORMANT

CAUSE OF DEATH

UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED

198. MAJOR FINDINGS OF OPERATION

(C)

21B. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

WHILE AT

WORK

INDUSTRY

20. AUTOPSY NO (If in Baltimore City, give exact location)

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE.

(Specify)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

HOMICIDE

NOT WHILE

22. I hereby certify that I attended the deceased from June 28, 1952 to Van 195 3 that I last saw the 1952 and that death occurred at 2. a. m., from the causes and on the date stated above. 23B. ADDRESS 3c. DATE SIGNED

23A. SIGNATURE 24A. BURIAL, CREMATION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, J.C. 4.

ADDRESS

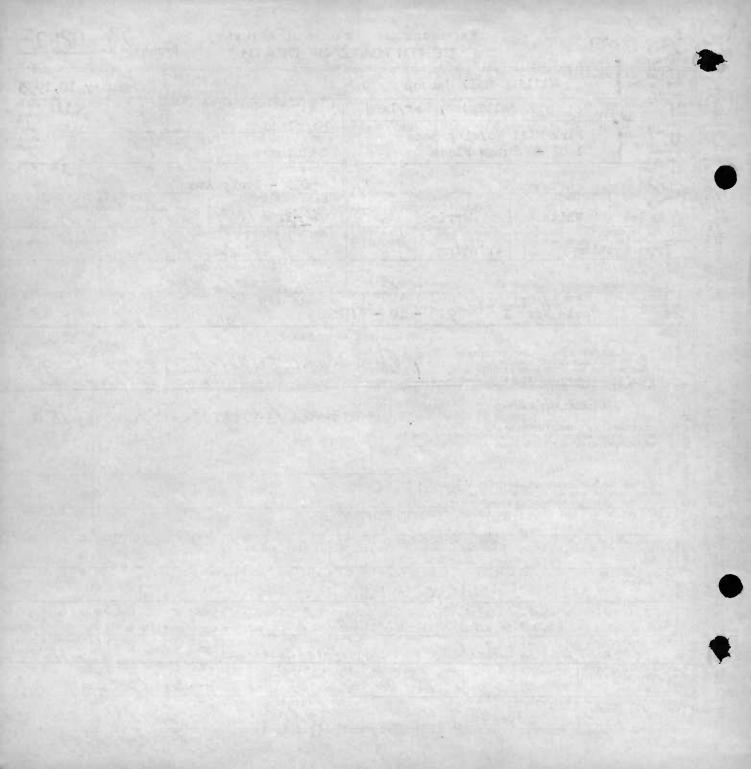
Juny DATE RECEIVED BY LOCAL REGISTRAR

deceased alive on.

REGISTRAR'S SIGNATURE

VS 150

25. FUNERAL DIRECTOR



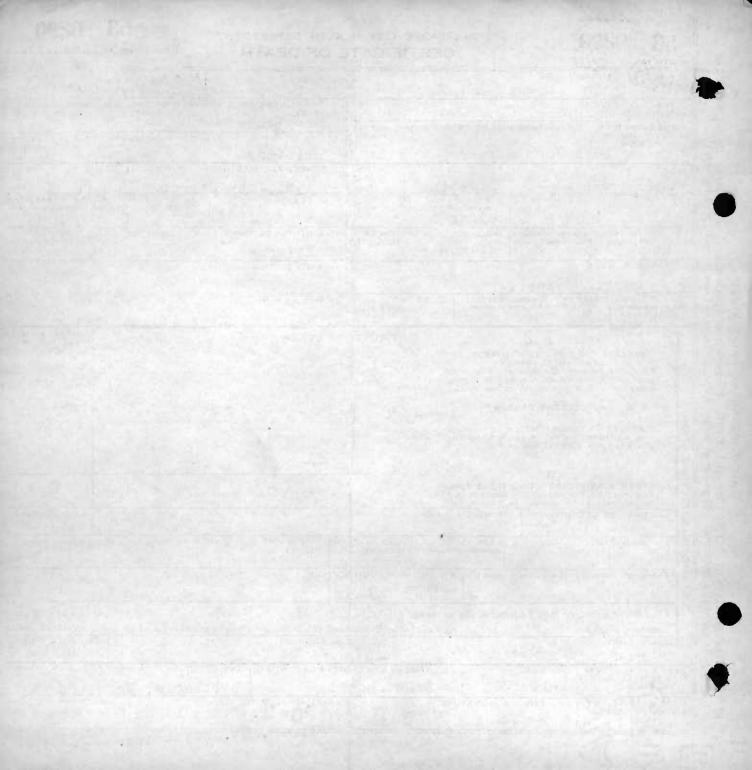
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Every item of i	rite the causes
INK.	lease w
UNFADING	Physicians: p
NLY, WITH	important.

Ų	231	P					
53 0290 BALTIMORE CITY H CERTIFICAT					EALTH DEPARTMENT OF DEATH	Registered No	0290
1.	NAME OF D	ECEASED A 7 9	ε.	Hechi	1-25	2. DATE OF DEATH	1/53
	PLACE OF D Baltimore (4. USUAL RESIDENCE	(Where deceased lived, If ins	before admission)
H	OSPITAL OR			on, give street address or location)	Maryl and	(If outside corporate limits,	vrite RURAL and give
111	13111011011 €	1421 John S	Street		Baltimore	14-6	township)
c.	Length of s	tay in Baltimore	Lifet	Yrs. Mos. Days	D. STREET ADDRESS		
5.	SEX M	6.COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH NOV. 3, 187	9. AGE (In years Mun last birthday) Mont	der 1 Year H Under 24 Hours hs Days Hours Min.
10	dopeduring most	CUPATION (Give kind of of working life, even if retired)	at ho	OF BUSINESS OR INDUSTRY	Baltimore	or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	_		7140	14. MOTHER'S MAIDEN		USA
	Mar	tin Schaeff	er				
15 Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADE	RESS
_	no				C. Allen Hech	hter 6 Club Ro	
		11 and 00			OF DEATH		INTERVAL BETWEEN
	(This does heart failt	SE OR CONDITION LEADING TO DEA's not mean the mode of tre, asthenia, etc. It mes complication which of	TH of dying, e. g ons the disease	-,	te pulmo	nory solema	The in who s
	BONE,	ANTECEDENT CAUS	ES	(0)-	onery so	ler-0515	Ca.
CATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	G			70-97-6,
		п		(C)			
CER	TRIBUTING	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D Dulmor	ery toberco	losis inaction	2
AL	19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City, giv	e exact location)
Σ	210. TIME OF INJURY	(Month) (Day) (Year)	- v	TIE. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
	22. I hereh	u certifu that I att	ended the	deceased from	0 V · 1952 to	present, 19-,	that I last saw the
	deceased a		195	and that death occur	red at 5 Pm., from	n the eauses and on the	date stated above.
	23A. SIGNA	Curing.	Jen	м. р.	3B. ADDRESS 29	, tust.	239. DATE SIGNED
TI	ON REMOVAL (S	CREMA- 24B. DATE 1-14-5		New Cathedr		altimore, Mary	
D	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTO		DDRESS
_	0.111	7 12112 1 mm	warm	V SELLELLIAM, WY	118 W. Mt.	Royel	

Mt. Royal

Ave.



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	23	02	39	1

BALTIMORE CITY HEALTH DEPARTMENT

53	0291

3. PI A. B	AME OF D	ECEASED					
3. P	- 2	Addie Quick				2. DATE OF DEATH	9.53
HOS	Baltimore (EATH: City, Maryland OF (If not in hospite	ty Hosy		Maryland	ENCE (Where deceased lived B. COUNTY (If outside corporate li	d, If institution; residence before admission imits, with ItURAL and give township
				Yrs.	D. STREET ADDR	ESS (If rural, give location	7 0 0
c. L.		tay in Baltimore		ears Days		kadee Court	
	F	6. COLOR OR RACE	WIDOW	E, MARRIED, ZED DIVORCED (Specify Led	11.15.1904	last hinthday	Months Days Hours Min.
work do	one during most	CUPATION (Give kind of of working life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	North Car	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. F	Charl:	ie Galloway			Nancy Bro		
15. \ (Yes, z	WAS DECEASI	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which complication will be complicated as a complete of the complete com	H dying, e. g as the diseas aused death ES ANY, GIVIN	A, (A) Hypert e, Due to (B) Diabe	tes Mellitie	o renal disease	ONSET AND DEATH
CERTIF	TRIBUTING	II IGNIFICANT CONDI- TO THE DEATH, BUT I ISEASE OR CONDITION	NOT RELATE	b h Acri	te cardiac d te gastric d		
EDICAL	12-30-	1952 ENT WAS UNDER- R CONTRIBUTING	Acute	Appendicitis CE OF INJURY (e. g., farm, factory, street, office bldg.,	(Gangrenous	OID (If in Baltimore Cit	y, give exact location)
X	21D. TIME (OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURS WHILE AT NOT WHILE WORK AT WORK		NJURY OCCUR?	
0	deceased al			deceased from 12 and that death occu	2.30.52 rred at 3:45p _m .	, to 1.9.53 , 19.53 , 19.55 , from the causes and or), that I last saw the
2	23a. SIGNAT	the folu	· (bei .		23B. ADDRESS 1940 Eastern		23C. DATE SIGNED
TION	BURIAL, C BEMOVAL (S Deman E RECEIVE	val an!	3/53	24c. NAME OF CEMETE	RY OR CREMATORY	Ledeville	wn, or county) (State) ADDRESS

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

0292 Registered No.

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	2. Gross		2. DATE OF DEATH	an. 9,1853
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDE	NCE (Where deceased hy	ed. If institution : residence (Y before admission)
B. FULL NAME OF (If not in hospital or	institution, give street address or	monnie	7 s. coom	before admission)
HOSPITAL OF INSTITUTION	A location)	C. CITY OF TOWN	/(If outside corporate	limits, write RURAL and give
novide	d Harris	01200	Trusas 8.	/ D o o o township)
	Yrs.	S. STREET ADDRES	SS (If rural, give location	on)
c. Length of stay in Baltimore	Mos. Days	1408	- ashla.	- 1 (11.0
	SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In yes	ers If Under 1 Year It Under 24 Hours
Hamura Col	NIDOWED, DIVORCED (Specify)	april 17,1	189 last birthday	Months Days Hours Min.
JOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or foreign country)	12. CITIZEN OF
		(mass.	on , Md	1 0,5A.
13. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME	
John Dewe	ex !	Susa	- Har	ris /
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of set	CES? 16. SOCIAL	17. INFORMANT		ADDRESS / I
(11 yes, give war or dates of set	security No.	Fluin V	mes 419	E. La lavolle
18 4/ 0 0 14	CALIGE	DE DELETIN	0.000	12/0
18. 490X	^	OF DEATH V		ONSET AND DEATH
DISEASE OR CONDITION DIRE LEADING TO DEATH	1 do	Para.	1	c. 4days
(This does not mean the mode of dy heart failure, asthenia, etc. It means the	ng, e.g., (A)	Car Juliu	uara, enver	e cary
injury or complication which caused	d death.) DUE TO My	lil Terne		All the State of the
ANTECEDENT CAUSES	<u> </u>	}		
Z	(B)			
DISEASES OR CONDITIONS, IF ANY				
UNDERLYING CONDITION LAST.				
	(C)			
OTHER SIGNIFICANT CONDITION		***************************************		
TRIBUTING TO THE DEATH, BUT NOT	RELATED			
19a. DATE OF OPERATION 19B. M	AAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
A STATE OF S	ACCIT THEMES OF CLEAN	THOM		YES NO
U 214 ACCIDENT SUICIDE	18. PLACE OF INJURY (e. g., in	or 21c. WHERE DI	D (If in Baltimore C	City, give exact location)
	ut home, farm, factory, street, office bldg., et			
21p. TIME (Month) (Day) (Year) (Hou	ir) 21E. INJURY OCCURRE	D 315 HOW DID	INJURY OCCUR?	
OF INJURY		7	INJURY OCCURY	
	m. WHILE AT NOT WHILE			
22. I hereby certify that I attende	ed the deceased from	1,5,1953	to 1191,	19 Sthat I last saw the
deceased alive on 1, 9, 19	5 Sand that death occur	red at 5 3% m.,		on the date stated above.
23A. SIGNATURE	2:	BB. ADDRESS	0	23c. DATE SIGNED
TX) (Qe)	V, M.D.	1477 Pula	descen Cla	e 41153
24A BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETER	Y OR CREMATORY	24D. LOCATION (City,	town, or county) (State)
12mal 1/12/5	3 M. I (MIL)	www.	baltun	ore, Md.
DATE RECEIVED BY REGISTRAR'S SIG	GNATURE	25. FUMERAL DIRE	CTOR /	ADDRESS

* SAME A CONTRACTOR OF THE SECOND SERVICES APPARE NO STANISH

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) carefully supplied. urragan DEATH 4. USUAL RESIDENCE (Where deceases fived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland / 400 %. before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN If outside corporate limits, write RURAL and give INSTITUTION egibly. attimore. D. STREET ADDRESS Aff rural, give location) Yrs. Mos. do c. Length of stay in Baltimore 1400 Days 5. SEX AGE (In years) 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH Il Under 1 Year WIDOWED, DIVORCED (Specify) Ast birthday) | Months Days | Hours Min. nar. 31 a Widowed information shoul 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12. OTIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME/ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS . I. (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. causes INTERVAL BETWEEN item CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES exclante Carps - Vasoula INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 畆 TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH important. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH FE AINLY, especially imp 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from Sausay , 1943, that I last saw the TE deceased alive on Asses 1922, and that death occurred at 15.18 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24c. NAME OF CEMETERY OR CREMATOR 24A. BURIAL. GREMA 248 DATE FION, REMOVAL (Specify Buriak ormaine ADDRESS DATE RECEIVED BY 25, FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

downship)

If Under 24 Hours

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1. NAN	1E	OF	DEC

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

	- 60	IRTH NO.		
ed. J	(1	(Sype or Print) Charlotte E. Ols	en 2. DATE OF 1/9	1/1953
supplied	A.	Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived, If ine A. STATE B. COUNTY	titution : residence before admission)
	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location stricturion)	c. CITY OR TOWN (If outside corporate limits,	
fully ly.		Il Lutheran Hospital of Mal.	Baltimore 15	(Stewnship)
legibly.	c.	Yrs. Mos. Davs	D. STREET ADDRESS (If rural, give location) 3613 Windson lule Ra	#16
ld be		SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify	B. DATE OF BIRTH 19 AGE (In years) Illin	der 1 Year III Hoder 24 Hours
on should clearly an	1C worl	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY?
tior th c	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	N.S
information of death cl		Wm Z. Weaver	alice Kelley	
infe s of	(Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES? (If yee, give wer or dates of service) 16. SOCIAL SECURITY NO.	Olice Kelley 17. INFORMANT 36 400	PESS
em of causes		18. 17 N CAUSE	OF DEATH	INTERVAL BETWEEN
y item the cau		DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
		LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,	a namator's of lungs & plus	coa. About 3 month
Ever		injury or complication which caused death.) DUE TO		
INK. please	NO		rainoma of it breast	About 540.
rh H	ATIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
UNFADING Physicians:	FIC	(C)		
A.O	RTI	OTHER SIGNIFICANT CONDITIONS CON-		
UNF	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	PATION	20. AUTOPSY?
WITH rtant.	AL	138. MAJOR PINDINGS OF OFE	RATION	YES NO
.0	IEDICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, etreet, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	e exact location)
6	M	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURP OF INJURY		
PLA: ecially		m. WHILE AT NOT WHILE AT WORK AT WORK		
EE Pespec		22. I hereby certify that I attended the deceased from deceased alive on 1. 1. 1953, and that death occu	2. 16. 1952, to 19. 1953, to rred at 9. 1953, to the causes and on the	hat I last saw the
				239 DATE SIGNED
SE y	24	4A. BURIAL, GREMA: 248. DATE 24C. NAME OF CEMETION REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
PLEAS	_	Burial 13/53 /Sa	lto. Salto. M	d. DDRESS
PL	L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	VIN Cook Sum 1917 St Paul S	P
	-	A STATE OF THE PARTY OF THE PAR		

ş		

ADDRESS Mrs. Viva Milholland, 527 Maude Avenue INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 22. I hereby certify that I attended the deceased from Jan. 9 th, 1953, to Jan. 11 th, 1953 that I last saw the deceased alive on Jan. 11 1953, and that death occurred at 5:00am., from the causes and on the date stated above. 23c. DATE SIGNED Jan.11.1953 24c. NAME of CEMETERY ON COUNTY 24b. LOCATION (City, town, or county) (State) Maryland ADDRESS 1217 St. Paul Street VS 150

before admission)

If Under 24 Hours

WHAT COUNTRY?

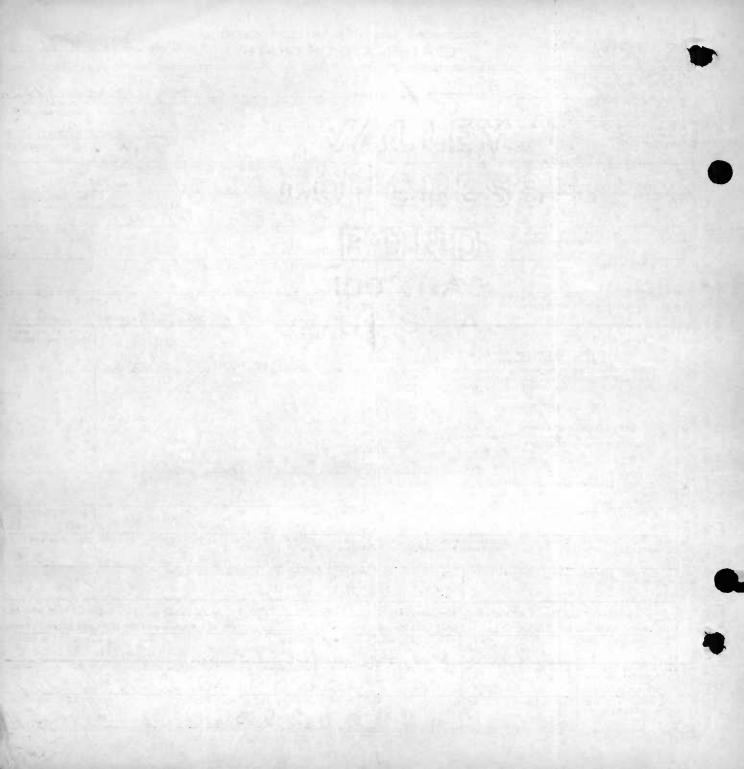
12. CITIZEN OF

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RESE	INK.
MARGIN RESERVE	PLEASE W TE PLA Y, WITH UNFADING INK. Eve correct age 1 especially important. Physicians: please writ
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BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

Registered No. 0297

DI	INTH NO.				
	NAME OF DECEASED MRS. Margaret	S. Mortines 2. DATE OF DEATH (14h Jan. 1953			
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission			
В.	FULL NAME OF (If not in hospital or institution, give street addre				
	OSPITAL OR IOCA	cation) C. CITY OF TOWN (If outside compare limits, write RURAL and give			
11	ISTITUTION 3638 Old York Road	d Bolling To Township			
-		Yrs, D. STREET ADDRESS (If rural, give location)			
-		Days 3638 Old York Read			
5.	SEX 6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (S)	(Specify) A B. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours Min			
	F. WIDOWED	Jan. 1, 1872 8/			
wor	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS O k done during most of working life, even if retired)	USTRY WHAT COUNTRY			
	Housewife Own Home	- Ballimore, wangland			
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	14000				
-	or ggerry				
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 28. no or unhnown) (If yes, give war or dates of service) SECURITY N	NO 17. INFORMANT ADDRESS			
1		Francis N. Mortiner, 2900 Hulford			
	CALL	USE OF DEATH			
	70011	ONSET AND DEAT			
	DISEASE OR CONDITION DIRECTLY				
	(This does not mean the mode of dying, e.g., (A) Welle Coromany McClusion 5 Minutes.				
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
	injury or complication which caused death.) Due 10				
	ANTECEDENT CAUSES				
Z	(B) Urlemosclerous C.V. Usease				
TIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
1	UNDERLYING CONDITION LAST.				
0	Carlot Harland				
	(c) O	Senilly, reperencion			
11 00	OTHER SIGNIFICANT CONDITIONS CON-				
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION 20. AUTOPSY?			
1	0	YES NO A			
EDICA	21A, ACCIDENT, SUICIDE. 21B, PLACE OF INJURY (
=	HOMICIDE (Specify) about home, farm, factory, street, office				
M					
12	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	CURRED 21F. HOW DID INJURY OCCUR?			
		T WHILE []			
	m. WORK AT W	T WORK			
	22. I hereby certify that, I attended the deceased from_	May , 1976, to 1/14 Jan , 1953, that I last saw to			
	deceased alive on 11th Jan , 1953, and that death of				
	23A, SIGNATURE	23B. ADDRESS 0 0 123c. DATE SIGNED			
	Joseph 6. 11/400 Jane	.o. 5 yest 29 th St. (18) 11 Jan. 53.			
2	4A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEN	EMETERY DETRIMATORY 24d. LOCATION (City, town, or county) (State			
11	Burial 1/14/5.3 Green	monet Ballenger In le 0			
-	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			
	OCAL PEGISTRAD REGISTRAR S SIGNATURE	Lo. Oliverial billion			



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BALTIMORE CITY HEALTH DEPARTMENT

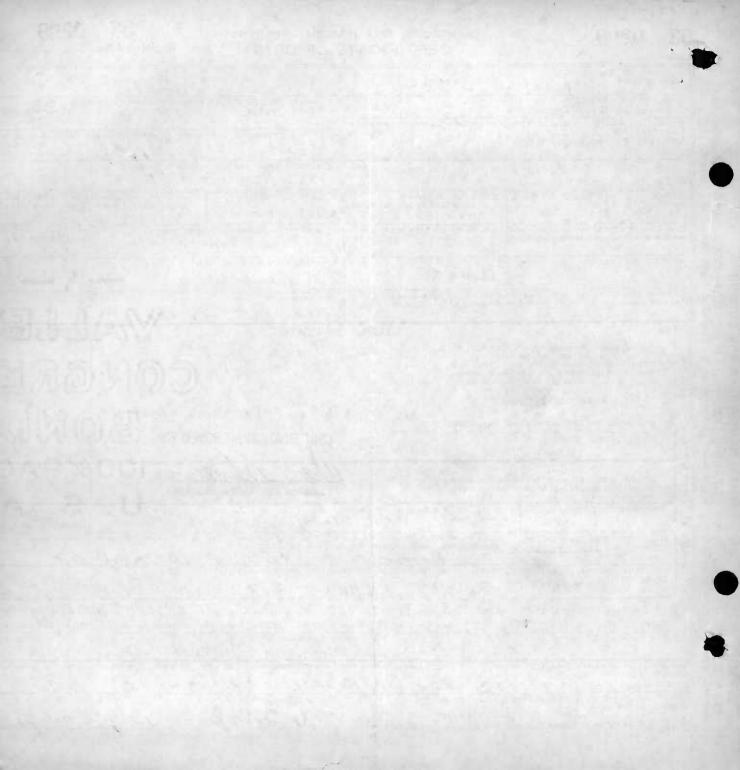
	5.3	0202	
Registered	No.	10000	

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF Frank Kilmon 1-9-1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore City Hospitalsocation) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and glvc INSTITUTION 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 4940 Eastern Ave. Baltimore City Hospitals c. Length of stay in Baltimore 31 yrs. 9. AGE (In years II Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH M July 11-1888 Separated 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Emery Thomas Kilmon 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFO BATTIMORE City Hospital Ress Records: 4940 Eastern Ave. SECURITY NO. (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Vascular Accident (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertension DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) NOT WHILE WORK AT WORK 2-20-1951 to 1953, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 1953, and that death and that death occurred at 9.15 In., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Ave., Baltimore, Md. 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-Moreland Park Cemetery Parkville. Maryland burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1217 St. Paul Street

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE 1-10-53 (Type or Print) Boyd OF Martha fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE md B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or INSTITUTION Maryland general location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township) D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 853 N. Howard St. c. Length of stay in Baltimore Davs information should be 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | ii Under I Year | ii Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) ABOUT 1884 Matried 10A. USUAL OCCUPATION (Givekind of) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Maryland H ws 11.5 A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stephen Brink I sa Dellac 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. HOSP. TAL RECORDS 6x and, E903.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of right hip. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Metastotic corcinomo of bones DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING | Physicians: pl CERTIFICATION APPROVED BY (C) OTHER SIGNIFICANT CONDITIONS CON-CHIEF OR ASST. MEDICAL EXAMINER TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION Intertrochanteric frostate hip. At. - Metastatie Corcinoma of bones 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING TO 853 N. HOWard home OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED ecially She fell and hit Rt. hips. NOT WHILE WORK deceased alive on 1- 70, 1953, and that death occurred at 4'0 3 m., from the causes 23A. SIGNATURE _, 19 5 3 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED Maryland 24A. BURIAL, CREMA-TION, REMOVAL (Specify) CATHEORAL BALTIMORE BURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR N × 20.0



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	53 0300 BALTIMORE CITY HEALTH				
	BIRTH NO. CERTIFICATE OF	DEATH Registered No.			
	(Type or Print) John Henry Guyton	2. DATE OF DEATH 1/10/53			
	A. Baltimore City, Maryland	AL RESIDENCE (Where deceased lived, If institution : residence			
	HOSPITAL OR location) c. CITY	OR TOWN (If outside converate limits, write RURAL and give			
oly.		ltimore 7-0/ township			
legibly	c. Length of stay in Baltimore ? ? Mos. Days 513	ET ADDRESS (If rural, give location)			
y and	Male White Widowed (Specify) 8/2	OF BIRTH 9. AGE (In years if Under 1 Year last birthday) 10.7/1869 9. AGE (In years if Under 1 Year last birthday) Months: Days liours Min.			
clearly	work done during most of working life, even if retired) INDUSTRY	HPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
		HER'S MAIDEN NAME			
death	Renj. Guyten Har	Hannah MacFadden			
write the causes of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uoknowo) (If yes, give war or dates of service) ? ? ? 16. SOCIAL SECURITY NO. ? ? ? . Mrs	RMANT ADDRESS Harriette Myers 513 E.41st St			
	18. 420.0 CAUSE OF DEA				
	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING	cleratic heart divere -			
ld :su	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)				
Physicians: please	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
portant.	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJU CAUSE OF DEATH	WHERE DID (If in Baltimore City, give exact location) RY OCCUR?			

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE m. WORK , 19.53to 1957 that I last saw the 22. I hereby certify that I attended the deceased from 1953 and that death occurred at 7.30 Am., from the causes and on the date stated above, deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 3/53 Parkwood Cem. Baltimore Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR John 2 A? Moran 3000 E. Balto. St.

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21E. INJURY OCCURRED

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24c. NAME OF CEMETERY OR CHEMATORY

23B. ADDRESS

. 19 53 to

25 FUNERAL DIRECTOR

WHILE AT

WORK

22. I hereby certify that I attended the deceased from

facilization

(If outside corporate limits, write RURAL and give township) york Kord If Under 1 Year last birthday) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS ONSET AND DEATH 20. AUTOPSY YES (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? Jan 11 , 1952, that I last saw the deceased alive on Jan 12, 1957, and that death occurred at 3:45 Am., from the causes and on the date stated above. 23c. DATE SIGNED 12/ 24D. LOCATION (City, town or county)

before admission)

important. LAIN

OF INJURY

23A. SIGNATURE

24A. BURIAL, CREMA-L

DATE RECEIVED BY

LOCAL REGISTRAR

21D. TIME (Month) (Day) (Year) (Hour)

53	0302
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BALTIMORE CITY HEALTH DEPARTMENT

53	0302
orietared No	

BIRTH		20.2		CERTIFICATE OF DEATH Registered No.				
1. NA	ME OF D or Print)		nce D.	Edmonds		2. DATE OF DEATH	Jan.	10, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission					
3816 Greenmount Avenue				Baltimore	(ii duaside doi)	2-0	township	
c. Lei	ngth of s	tay in Baltimore		57 Yrs. Mos. Days		ss (If rural, give lo		
5. SEX		6.COLOR OR RACE White	WIDOW	E, MARRIED, /ED, DIVORCED (Specify) ried	Jan. 16, 1	9. AGE (in	n years It Une	fer i Year If Under 24 Head ns Days Hours Min
vork done	NON:		108. KINE	OF BUSINESS OR INDUSTRY	Baltimore, 14. MOTHER'S MAI	tate or foreign countr	y) 12	CITIZEN OF WHAT COUNTRY
13. FA	THER'S N	AME			14. MOTHER'S MAI	DEN NAME		
15 W/	AS DECEASE	James D		1.0000000	Frances Wa	rd		
Yes, no	or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	J. Bernard	Edmonds 381		mount Ave.
	OTHER S	ANTECEDENT CAUS S OR CONDITIONS, III HE ABOVE CAUSE (A) 'ING CONDITION LA II IGNIFICANT CONDI	FANY, GIVIN STATING TH	(C)	arcinoma of 1	eft breast		1944
	TO THE O	TO THE CEATH, BUT	CAUSING I	т			·	
DICAL	Augus	ENT WAS UNDER-	C 218. PLA	FINDINGS OF OPER Recinoma of by ACE OF INJURY (e. g., if farm, factory, atreet, office bldg.,	east (recor	mas Chambers ds at Mercy (If in Baltimo	Hospite Fore City, give	20. AUTOPSY? SES NO SEE exact location)
21	O. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY OCCUR?		
de	ceased al	live on January	ended the 919 53.	deceased from Mar and that death occur	rred at 6 A. m.,	to January I from the causes of	and on the	date stated abov
1	A. SIGNA	,)	53.	Genera 2	3B. ADDRESS			23c. DATE SIGNED
24A. TION, F	BURIAL, C REMOVAL (S Irial	CREMA- 248. DATE Decify) 1/13/53		M.O. 1 24c. NAME OF CEMETE New Cathedral		Baltimore.		Jan 11,53 county) (State)
	RECEIVE L REGIST		SSIGNATI		25 FUNERAL DIR	ECTOR	A	DDRESS

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) VerNA OF DEATH JAN 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location Yrs. Moor c. Length of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years If Undar 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. JOA. USUAL OCCUPATION (Give kind of work doos during most of work log life, even if retired) 108. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTR new 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL 17. INFORMANT (Yes, no or unkoowo) (If yes, give war or dates of service) SECURITY NO. rone 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH (A) Carcinomatosis
(B) Carcinoma O van DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS DE OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., io or (If in Baltimore Clty, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK 22. I hereby certify that I attended the deceased from 12-26-, 152 to 1-11- 19:3 that I last saw the 1953 and that death occurred at 200 mm., from the causes and on the date stated above. deceased alive on 1- 11-23A. SIGNATURE 23B. ADDRESS 23C, DATE SLONED 24A. BURIAL, CREMA-24G. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Spegify) DATE RECEIVED BY AREGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

400 refer to a contract of the first of the first of the first

210. TIME (Month) (Day) (Year) (Hour)

OF INJURY

22. I certify that I took charge of the remains described above, held an inspection & inquirythereon and from

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes I, accident , suicide , homicide , undetermined .

23A. SIGNATURE

24A. BURIAL, CREMA-TION REMOVAL (Specify)

ASSISTANT MEDICAL EXAMINER...
MEDICAL INVESTIGATOR ... M.D. NAME OF CEMETERY OR CREMATORY

AT WORK

240. LOCATION (City, town, or county)

23c. DATE SIGNED

Jan. 12.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

WHILE AT

WORK

25. FUNERAL DIRECTOR 1EWES85

Autopsy, Inspection or Inquiry

238. CHIEF MEDICAL EXAMINER X

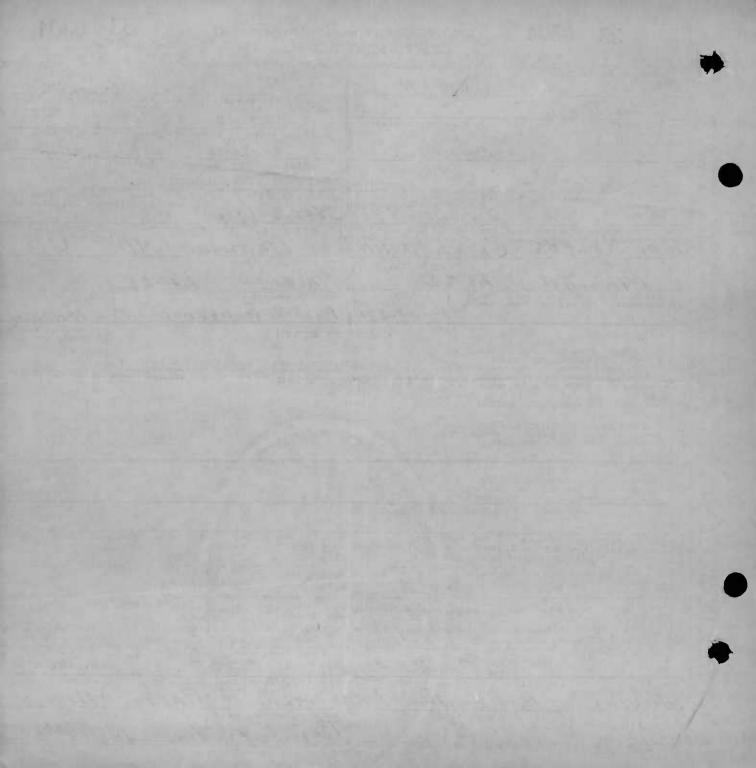
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO

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legibly.

should be be

information s

of

1. NAME OF DECEASED (Type or Print) VIN B. DINSMORE

2. DATE OF DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

(If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, If institution; residence A STATE B. COUNTY before admission)

C. CITY OR TOWN

alf outside corporate limits, write RURAL and give (township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore 6. COLOR OR RACE

IOA. USUAL OCCUPATION (Givekind of work doneduring most of working life, even if retired)

luce 13. FATHER'S NAME

2011

Days 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify)

Yrs.

Mos.

108, KIND OF BUSINESS OR

11. BIRTHPLACE (State or foreign country)

last birthday) Months Days

AGE (ln years

12. CITIZEN OF WHAT COUNTR

H. Under 24 Hours

Hours Min.

14. MOTHER'S MAIDEN NAME

18.

RT

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EDICAL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT

CAUSE OF DEATH

Howard

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DISEASE OR CONDITION DIRECTLY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

20. AUTOPS

23c. DATE SIGNED

53, 19_, that I last saw the

INTERVAL BETWEEN

ONSET AND DEATH

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

WHILE AT

WALLER.

NOT WHILE

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from_ deceased alive on 1/10/53 , and that death occurred at.

234 SIGNATURE

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

24A. BURIAL. CREMA-TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE

A.m., from the causes and on the date stated above.

VS 150

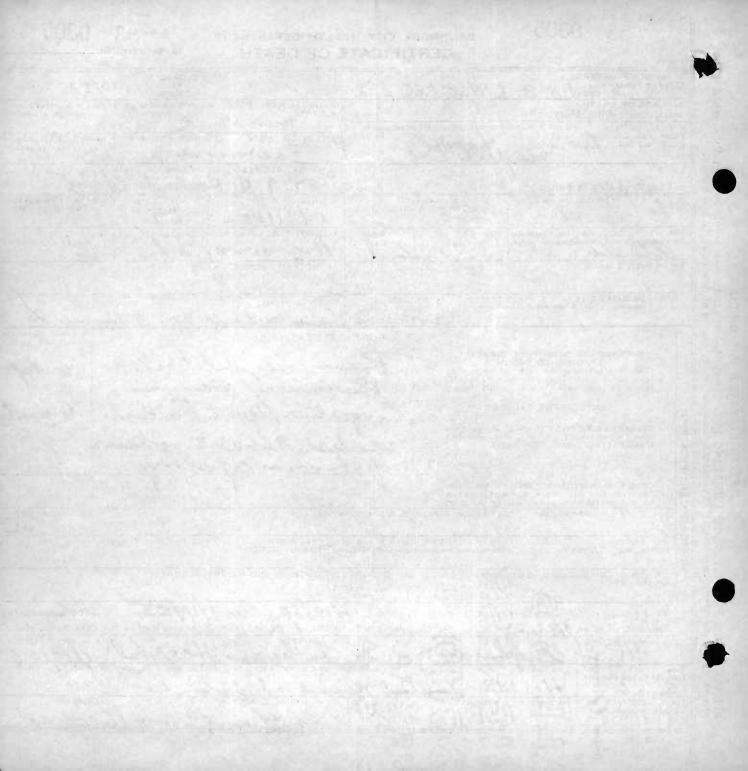
QCAL REGISTRAR

Burge DATE RECEIVED BY

25. FUNERAL

12/10

important.



WITH

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 0306

Registered No. 1. NAME OF DECEASED 2. DATE Mrs. Christina GMcNulty DEATH Jan. 10,1953 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give St. Joseph's Hospital township) 1400 N. Caroline St. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3448 Keswick Rd. #11 c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) (Undet) Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours! Min. White Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR M. BARTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore TISA 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 3448 / Eurech 0 INTERVAL BETWEEN CAUSE OF DNSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH the Every write th (This does not mean the mode of dying, e.g., (A) Sub-arachnoid Hemorrhage heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arterhosclerotic CVD DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY TLY, WITH important. 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from Jan. 1,1953, 19 , to Jan. 10 , 1953 that I last saw the . 19 53 and that death occurred at 9:30 PM from the causes and on the date stated above. deceased alive on Jan. 10 23B. ADDRESS 1400 N. Caroline St. 23A. SIGNATURE 23c. DATE SIGNED Jan. 10,195 PLEASE correct ag 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B DATE NAME OF GEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

LOND BELL EXCELLENCE PROPERTY OF STREET PARTY.

PLEASE correct ag

20. AUTOPSY (If in Baltimore City, give exact location) , 19 2, that I last saw the Am., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 248. DATE Jan. 13, 1953 Greenmount Crematory Baltimore, Md. Cremation PATE RECEIVED BY Schemunek funeval Home, Inc. 2601-3-5 E. Madison St; ADDRESS REGISTRAR'S SIGNATURE unlung VS 150

before admission)

12. CITIZEN OF

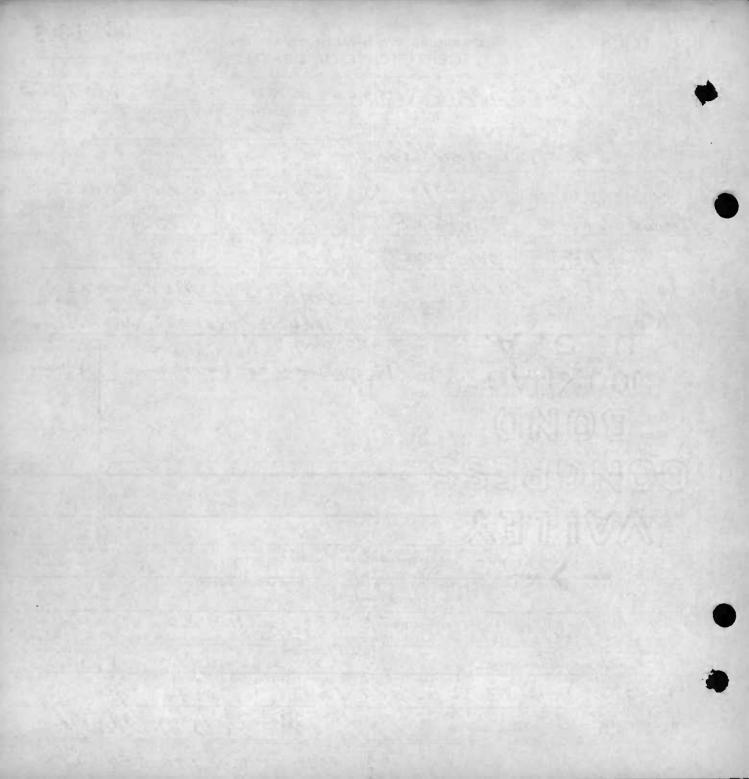
U.S.A.

WHAT COUNTRY?

INTERVAL BETWEEN

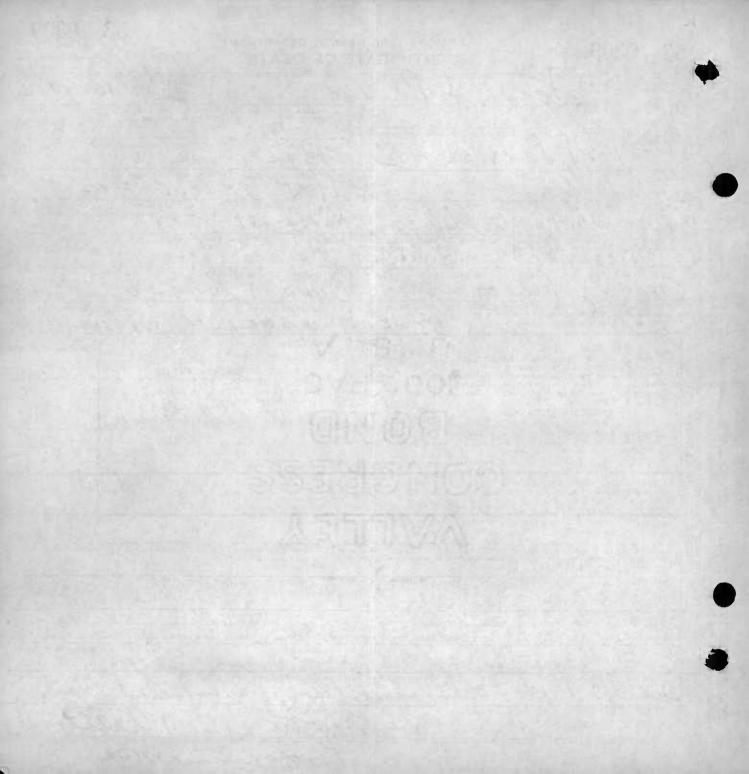
ONSET AND DEATH

township)



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he	7 4 51:3113	Y HEALTH DEPARTMENT 53 Registered N	031.0				
ed. T	1. NAME OF DECEASED	NNIS 2. DATE OF DEATH JAN	1.11.1953				
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street addr	A. USUAL RESIDENCE (Where deceased lived, If	institution : residence before admission)				
11y		c. CITY OR TOWN (If outside corporate limit	s, write RURAL and give township)				
ld bearefu	c. Length of stay in Baltimore 50 VRS	Yrs. D. STREET ADDRESS (If rural, give location) ROBERTON ROBERTO).				
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (S		Under I Year If Under 24 Hours nths Days Hours Min.				
information shous of death clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS CONT.		12. CITIZEN OF WHAT COUNTRY?				
	SAMUEL K. DENNIS	SALLY CRISFIFLD					
of info	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY I	17. INFORMANT	DDRESS				
em	18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY						
, P±	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
4 1	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES						
INK.	DISEASES OR CONDITIONS, IF ANY, GIVING						
ING bull	(C)						
LY, WITH UNFADING INK.	OTHER SIGNIFICANT CONDITIONS CON-						
	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						
	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						
	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	m. WHILE AT NOT WHILE AT WORK						
RITE P	22. I hereby certify that I attended the deceased from 3/21/51, 19, to 1/11/53, 19, the deceased alive on 1/11/53, 19, and that death occurred at 7 A.m., from the causes and on the deceased alive on 1/11/53, 19, and that death occurred at 7 A.m., from the causes and on the deceased alive on 1/11/53, 19, and that death occurred at 7 A.m., from the causes and on the deceased from 3/21/51, 19, to 1/11/53, 19, the deceased alive on 1/11/53, 19, and that death occurred at 7 A.m., from the causes and on the deceased from 3/21/51, 19, to 1/11/53, 19, the deceased alive on 1/11/53, 19, and that death occurred at 7 A.m., from the causes and on the deceased alive on 1/11/53, 19, and that death occurred at 7 A.m., from the causes and on the deceased alive on 1/11/53, 19, and that death occurred at 7 A.m., from the causes and on the deceased alive on 1/11/53, 19, and that death occurred at 7 A.m., from the causes and on the deceased alive on 1/11/53, 19, and that death occurred at 7 A.m., from the causes and on the deceased alive on 1/11/53, 19, and that death occurred at 7 A.m., from the causes and on the deceased alive on 1/11/53, and 1/11/5						
RI	23A. SIGNATURE Flowing B. Joseph. M. E.		1/12/53.				
PLEASF correct a	BURIAL (Specify) 1-13-1953 DRUID R	METERY OR CREMATORY 24D, LOCATION (City, town, PKESVILLE)	or eounty) (State)				
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE	H. W. JENKING & SONS CO. 49	OS VORK RO				
	VS 150						

DR E.B. JARRETT



before admission)

township)

If Under 24 Hours

71.S. A

20. AUTOPSY

NO

(State)

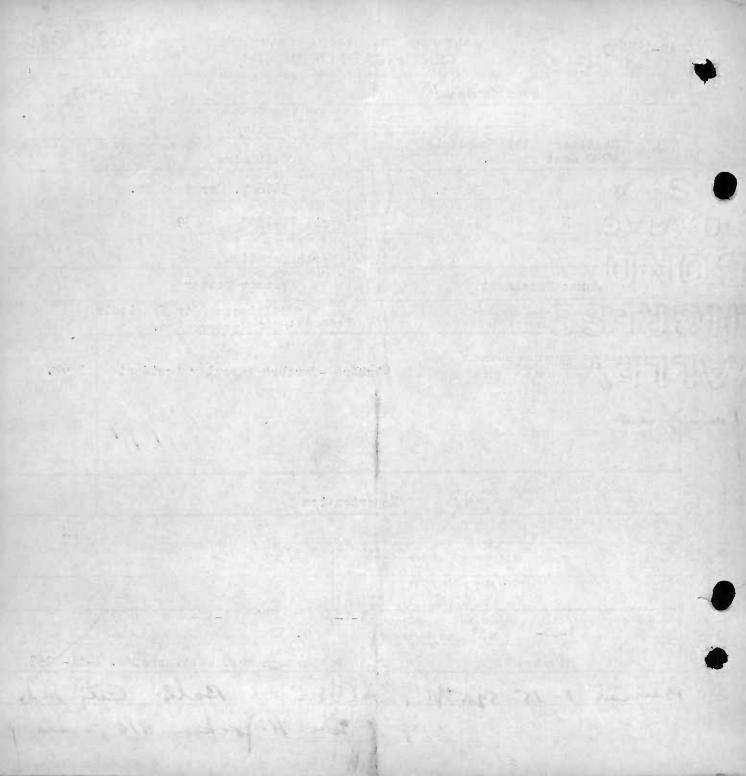
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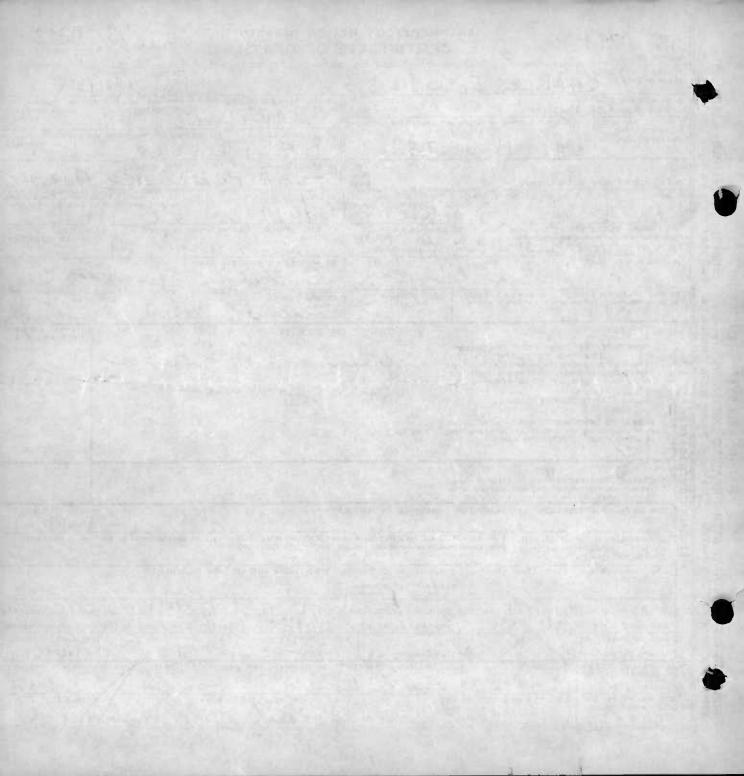
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF 1-10-1953 Owen Capeheart fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL ORBaltimore City Hospitals (If outside corporate limits, write RURAL and give C. CITY OR TOWN 4940 Eastern Ave. information should be further further further for death clearly and legibly. D. STREET ADDRESS (If rural, give location) Yrs. 1406 W. Saratoga St. 36yrs. c. Length of stav in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) It Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) April 11-1893 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) BEIH WHAT COUNTRY? North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Bonner James Capeheart 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMSAltimore City Hospitaless (Yes, no or unknown) SECURITY NO. Records: 4940 Eastern Ave. causes Every item INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carebro Vascular Accident 1 wk. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES INK. FICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTII 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Hopertension TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES A 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK 1-4-1953, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 1-10-, and that death occurred at 9.15Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. Baltimore, Md. 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION (City, town, or county) EMATORY PLEASE DATE RECEIVED BY FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

BINDING

RESERVED



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) HARLES E. WILSON OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence carefully suppl A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION legibly. 510 Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE AGE (In years If Under 1 Year POWED, DIVORCED (Specify) last birthday) | Months; Days | Hours; Min. shou 104 USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ne most of working life, even if refired) INDUSTRY information s WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) ADDRESS (Yes, no or unknown) SECURITY NO. causes of 18. / INTERVAL BETWEEN y item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .. RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPAY important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH Ti LAINLY especially imp 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK 15153 22. I hereby certify that I attended the deceased from_ 19_ , that I last saw the deceased alive on 1 11 5 3 19. and that death occurred at 91 m., from the causes and on the date stated above. 23 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) AB. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE FUNDRAL DIRECTOR LOCAL REGISTRAR 344 VS 150 1000



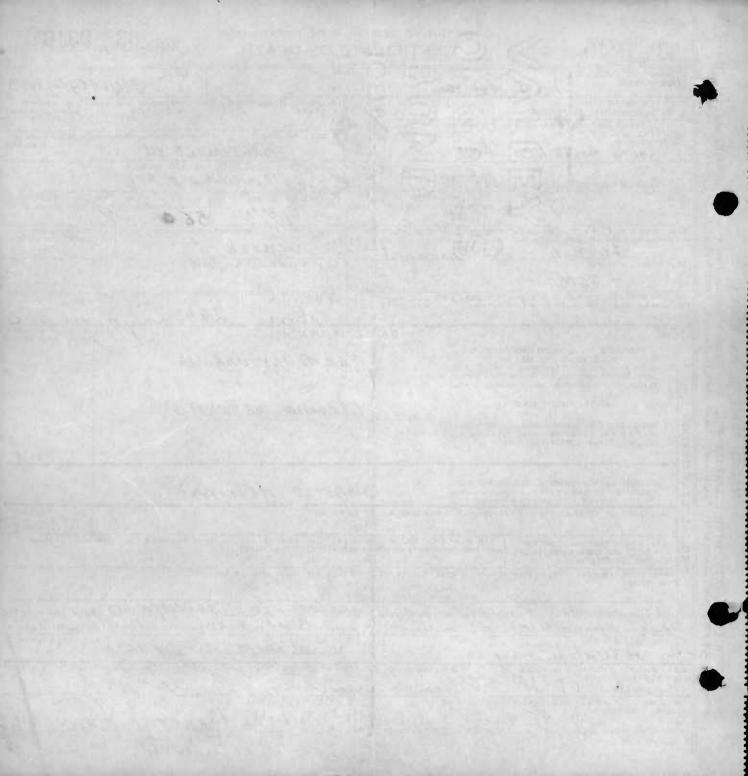
53 0314 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN C. SIBISKI DEATH Jan. 10.1953. arefully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City. Maryland 3711 Foster B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location' (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Life D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3711 Foster Ave. c. Length of stay in Baltimore Days 9. AGE (in years of Under 1 Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Sept. 28,1883 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s of death clear Baltimore. Md. Retired Loftsman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shippment Alexander Sibiski Mary Poland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO No No 213-10-6142 Frieda Sibiski 3711 Foster Ave. 18. 163X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p RTIFICAT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., In or (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? RITE AINLY, is especially impo 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK AT WORK 1952-to 22. I hereby certify that I attended the deceased from , 1913 that I last saw the 8, 1952, and that death occurred at 4:45 nd from the causes and on the date stated above. deceased alive on 23A. SIGNATURE / 238. ADDRESS 24A. BUR AL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Sacred Heart Cemetery 7401 German Hill Rd. Md. Burial -1953 DATE RECEIVED BY REGISTRAP'S SIGNATURE FUNERAL DIRECTOR 901 S. Conkirfit St. LOCAL REGISTRAR untinglow VS 150 5703

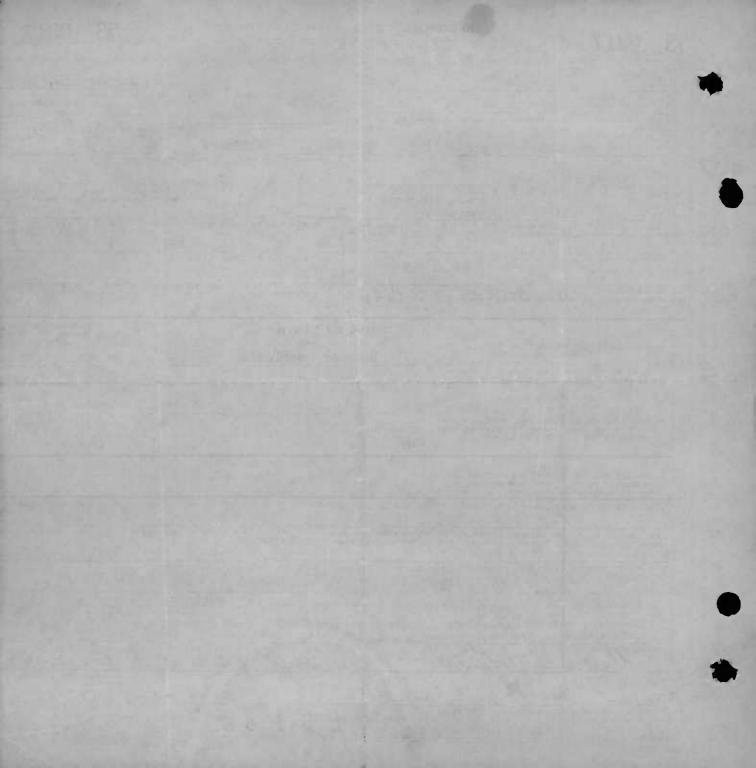
. Wan medana . . A Carry Commence of the Commen . Site of the resident book between trans the same . TO STILL ENGL OF ISSUE

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF efully supplied. FRANCIS J J LUTZ DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deccased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) vland (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RUKAL and give C. CITY OR TOWN INSTITUTION TIMOVE Yrs. D. STREET ADDRESS (If rural, give location) ABOUT 58 Mos. 5. Con Kling c. Length of stay in Baltimore Days information should be of death clearly and 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years) AGE (In years | II Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during roost of working life, even if retired) INDUSTRY WHAT COUNTRY Retired ermany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. Conkling St. No No Joseph Lutz 729 S. Every item write the cau 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebral Hemorrhage LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Preumonia Prostatic Carcinoma RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. III OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! AT WORK PL. ecial WORK 22. I hereby certify that I attended the deceased from 12/2, 195, to 1/10, 195, that I last saw the deceased alive on 1/10/2, and that death occurred at 8 m, from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from 12/22 TE 23A. SIGNATURE 23c, DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) PLEASE correct ag 24C. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) Burial -1953 Sacred Heart Cemetery 7401 German Hill Rd. Md. DATE RECEIVED BY 901 S. Conkring LOCALREGISTRAR VS 150

. Sunga .. The state games Charles Talk tunned 10-4 ere term but out or and the term term

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH SANUARY 12, 1983 VOAN APOSTOL 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence carefully suppl A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give SOUTH BALTO GEN. HOSP. BALTIMOLE 14 D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2906 LINGAMORE AUE c. Length of stay in Baltimore Days and 6. COLOR OR RACE 7. SINGLE MARRIED. If Undet 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months; Days | Hours : Min. ly g M 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF rork done during most of working life, even if retired) INDÚSTRY WHAT COUNTRY information GREECE awnes 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PETE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknown) SECURITY NO. Jo CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH TERMINAL UREMIA (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CHRONIC NEPHRITIS INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-DIABETES MELLITUS TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES NO 218. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? AINLY, CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK VANUALY 1953 to JANUALY 1 1953, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 1913, and that death occurred at 1: 2 mm, from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED WW. Gouwal 24A. BURIAL, CREMA-NAME OF CEMETERY TIQN, REMOVAL (Specify 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150





	53 0318 erth No.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH			53 0318 Registered No.		
(T	1. NAME OF DECEASED (Type or Print) WILLIAM G GASSAWAY			2. DATE OF JAN	10 1953		
Α.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : residence before admission		
. IN	OSPITAL OR USTITUTION W Univers.	13 - 1+:	3 altimore 3 township				
	Length of stay in Baltimore	1 11.	versity Pa	rkivay			
5.	MN	INGLE, MARRIED, /IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH aug 21 1906		nder 1 Year ths Days Hours Mir		
worl	A. USUAL OCCUPATION (Givekind of a done dealing most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY		
13	William N. Gassa	way	Mortha Louis	e Brown			
15	WAS DECEASED EVER IN U. S. ARMED FORG., no or nnknown) (If yes, give war or dates of ser	CEST 16. SOCIAL	17. INFORMANT Dr Wm & Gassaw	5// ADI	DRESS MA		
NOIL	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the finjury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	disease, death.) DUE TD (B)	eriosclevo				
CERTIFICA	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IF TO THE DISEASE OR CONDITION CAU	RELATED					
11		AJOR FINDINGS OF OPER	ATION	•	20. AUTOPSY?		
MEDICAL	LYING OR CONTRIBUTING CAUSE OF DEATH	B. PLACE OF INJURY (e. g., in t home, farm, factory, street, office bldg., e	to.) INJURY OCCUR?	f in Baltimore City, giv	ve exact location)		
	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	m. WHILE AT NOT WHILE					
		and that death occur	red at 10.50 m., from th	re causes and on the	that I last saw the date stated abov		
	23A. SIGNATURE AM BUBAL, CREMA-J 24B. DATE	200 R.D. /	1 E. Chan o	St.	ALL ISS		
8	ATE RECEIVED BY REGISTRAR'S SIG	24C. NAME OF CEMETE 3 Druid Rig NATURE		esville Ma	ADDRESS		
	VS 150 1959 The True	055	1	7900 4	pra ria		

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Jan-6-1953 sarefully supplied Blanch DEATH Williame 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Balto. City A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) University Hospital Baltimore Yrs. D. STREET ADDRESS (If rurai, give location) Mos. c. Length of stay in Baltimore West. Life Saratoga Street Davs 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) Female Widow clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information Domestic Home Baltimore U.S.A. 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME Unkown Mary Washington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes Orchard Street Louise Benett 559 No INTERVAL BETWEEN item 18. CAUSE OF DEATH ONSET, AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO 囟 ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: 1 (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20, AUTOPSY WITH important. 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ily impo CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I hereby certify that Vattended the deceased from_ ... that I last saw the . to_ To Pm., from the causes and on the date stated above. deceased alive on and that death occurred at. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED a an 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 246 LOCATION (City, town, or county) TION, REMOVAL (Specify Cem. Burial Calvery Brooklyn Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

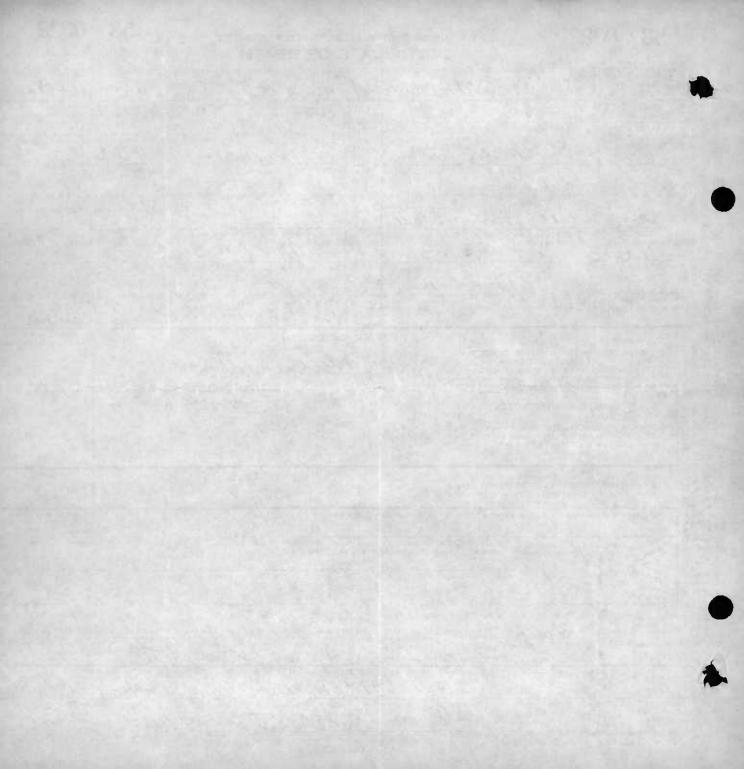
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The	В	U SCI	OSL	DA.		E OF DEATH		stered No	and the state
RESERVED FOR BINDING INFORMATION should be refully supplied.	1. NAME OF DECEASED (Type or Print) Gales Arneda				2. DATE OF DEATH	1-9.	- 23		
	B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION				B. COL	Ito an	ution: residence before admission) L. A. L.		
	c. Length of stay in Baltimore 13 Yrs. Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.)			D. STREET ADDRESS (If rural, give location) Condour Rd					
		F	Col	WIDOV	VED, DIVORCED (Specify			day) Months	
	wor	Housew:		Home	O OF BUSINESS OR INDUSTRY	Va			VHAT COUNTRY
	13. FATHER'S NAME Edgas, Harvell		14. MOTHER'S MAIL						
	15 (Ye	NO UNKNOWN)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Edmond Sha	nda Timble	ADDRE	
	CERTIFICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEAT I not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA	TH If dying, e. 1 Ins the diseas aused death ES FANY, GIVIN STATING TH	(A) + 4 e, DUE TO	of DEATH	1 pt. cs		NTERVAL BETWEEN NSET AND DEATH
MARGIN H UNFADING Physicians: p		TRIBUTING	II SIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D Den	Nephuta	Absons		
H					FINDINGS OF OPE	RATION			20. AUTOPSY?
LY, WITH	MEDIC	CAUSE OF		about bome,	ACE OF INJURY (e. g., farm, fectory, street, office bldg.,	etc.) INJURY OCCUR	?	e City, give e	xact location)
ally i	H	OF INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE WORK AT WORK		NJURY OCCURY		
RITE P		22. I hereb deceased a 23A. SIGNA	y certify that I att live on 1-9		and that death occu	rred at 4 20 Am., f	to 1-9 from the causes as	nd on the da	at I last saw the te stated above c. DATE SIGNED 1-9-53
PLEASE correct age	D.	4A. BURIAL, ON REMOVAL (S BUTIAL ATE RECEIVE OCAL REGIST	D BY REGISTRAR	953 s signati	Baltimore N		24b. LOCATION (Ci Baltimore CTOR	Md.	(State)
		vs 1503	1953	7.77	Sevasus M.S.	and a	t Winter	///	and

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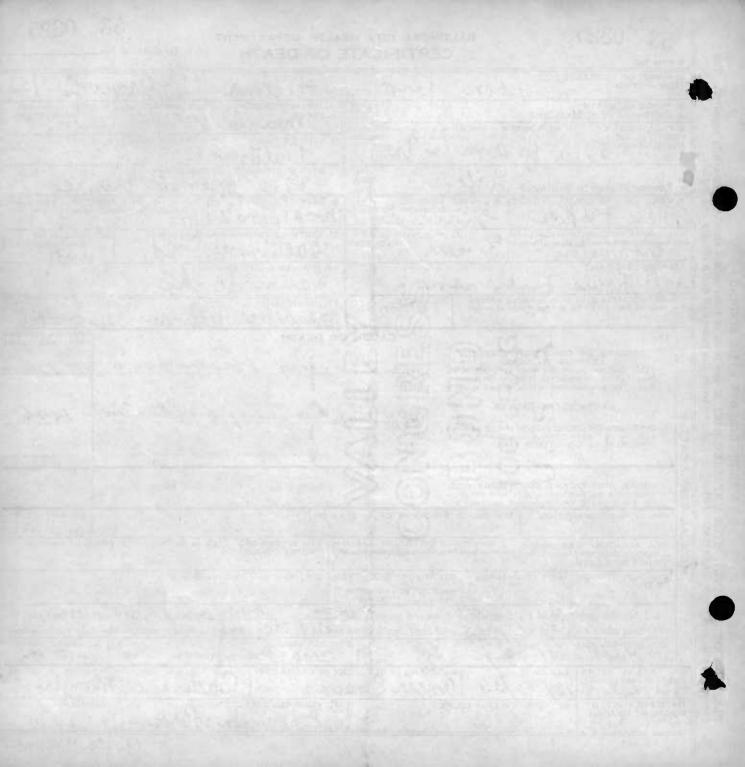
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MOUVICE W LEVING OF 1-12-53 DEATH carefully suppli-3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Hospitel Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Il Under) Year If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIETHPLACE (State or foreign country) 108 KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s s of death cle Mo 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or detector service) 16. SOCIAL ADDRESS INTERVAL BETWEEN item 63X 18. / CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CarcinoMe (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, c GyE bral injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. QUE TO UNFADING Physicians: 1 ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH CA 01 11 - - 52 left lung 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK , 1953, to 1 - 12 , 1953, that I last saw the 22. I hereby certify that I attended the deceased from 1 - 5 1-12, 195>, and that death occurred at 500 mm. from the causes and on the date stated above. deceased alive on____ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED UNIVEYSITY Hospital 1-12-53 24A BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 5. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR deury One 2100 bestaw 4V12112 VS 150



BALTIMORE CITY HEALTH DEPARTMENT

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ADDRESS

BIRTH NO.		CERTIFICAT	E OF DEATH	Registered N	0
I. NAME OF	DECEASED			2. DATE	
(Type or Print	1	STADELMEIER, SR.		of Jan.	11. 1953
	DEATH: City, Maryland201	2 E. Lafayette Ave.	4. USUAL RESIDENCE (W	here deceased lived. If i	
B. FULL NAM HOSPITAL OF INSTITUTION	3	al or institution, give street address of location		outside corporate limits	write RHRAL and giv
DV.		Yrs.	D. STREET ADDRESS (If	rural give location)	~ ~
	stay in Baltimore	Mos. Days	5076 F T 6		
5. SEX	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specifi Married	Nov. 11, 1884	9. AGE (In years If last birthday) Mor	Under 1 Year If Under 24 Hours oths: Days Hours Min.
10A. USUAL C	OCCUPATION (Give kind of st of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
Clerk 13. FATHER'S	NAME	Hardware	Maryland 14. MOTHER'S MAIDEN NA		
	Stadelmaier	(14)	Henrietta Nolte	AME	
15. WAS DECEA	SED EVER IN U. S. ARMED	of service) 16. SOCIAL SECURITY NO. 215-01-0742	17. INFORMANT JohnG. Stadelmai		E. Federal S
Z DISEAS	ilure, asthenia, etc. It means to complication which complication which complication with the ABOVE CAUSE (A) LYING CONDITION LA	seased death.) DUE TO SES (B) Bilat (B) Bilat STATING THE DUE TO	myocardia I eral Bronchie		6 yrs
₩ TRIBUTI	II SIGNIFICANT CONDI NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
. 19A. DATE		98. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
	IDENT WAS UNDER- OR CONTRIBUTING TO DEATH	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg	in or 21c. WHERE DID (I., etc.) INJURY OCCUR?	f in Baltimore City, g	ive exact location)
21D. TIME OF INJUR		WHILE AT NOT WHIL	ε[-]		
22. I here	eby certify that I att	m. work AT WORK at WORK ended the deceased from 4- , 1952, and that death occur	18- 1936, to 1-	11- , 1952	that I last saw the
deceased 23A. SIGN	alive on/-//-	, 193 E, and that death occu	erred at $4 - 2m$, from the	ne causes and on th	e date stated above
mel	tro C. hau	CO M. D.	2117 Belaur F	ed !	1-13-53
24A. BURIAL. TION, REMOVAL Burial	CREMA 24B. DATE (Specify) Jan. 14.		ERY OR CREMATORY 24D. LO	OCATION (City, town,	

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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25. FUNERAL DIRECTOR

Mrith Funeral Home 2008 Orlaens St

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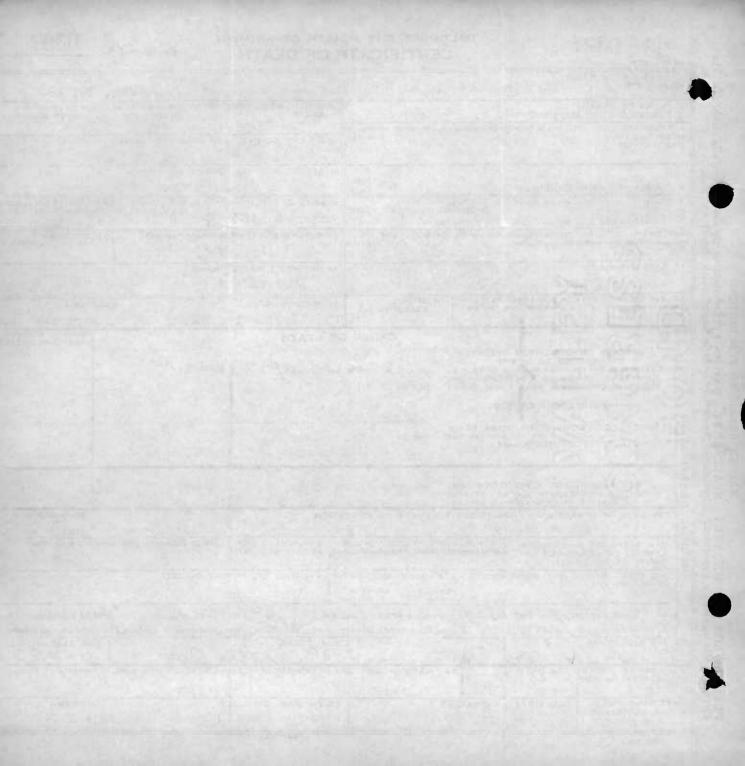
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RTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		CERTIFICAT	E OF DEATH	Registered P	10.
1. NAME OF (Type or Print	DECEASED MARGAR	ET MASETH		of DEATH Jan	. 10, 1953
	City, Maryland 53	O S. Streeper St.	4. USUAL RESIDENCE (V A. STATE Maryland.		institution : residence before admission
HOSPITAL OF	?	location)		outside corporate limit	s, write RURAL and give township
c. Length of	stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 530 S. Streep		
5. sex Female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 6, 1873	9. AGE (In years last birthday) Mo	f Under 1 Year If Under 24 Hours onths Days Hours Min.
10A. USUAL Cook door during mon At home	OCCUPATION (Give kiod of stof working life, even if retired)		11. BIRTHPLACE (State or for Baltimore, Md		12. CITIZEN OF WHAT COUNTRY
	g Eckert		14. MOTHER'S MAIDEN N. Kunigunda ?	AME	
15. WAS DECEA (Yes, co or ooknow NO.	(If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Marguerite		DDRESS Streeper St
(This do heart fai injury o	ASE OR CONDITION LEADING TO DEAT one not mean the mode o ilure, asthenia, etc. It mea or complication which c ANTECEDENT CAUS ES OR CONDITIONS, IF THE ABOVE CAUSE (A)	if dying, e. g., ns the disease, aused death.) ES ANY, GIVING STATING THE DUE TO	cer of bra		
OTHER TRIBUTII	LYING CONDITION LA II SIGNIFICANT CONDI NG TO THE DEATH, BUT DISEASE OR CONDITION	(C)TIONS CON-			
	OF OPERATION 0 1	98. MAJOR FINDINGS OF OPER	RATION		YES NO
21A. ACC LYING ☐ CAUSE OF	IDENT WAS UNDER- OR CONTRIBUTING F DEATH	218, PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		If in Baltimore City, a	give exact location)
21b. TIME OF INJUR	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
22. I here deceased	eby certify that I att alive on Jan. 10	ended the deceased from J., 1953, and that death occur	rred at 730 P.m., from 6	he causes and on the	Sthat I last saw the date stated above

23G. DATE, SIGNED 24A. BURIM. CREMA-TION, REMOVAL (Specify) Burial 24B. DATE 24C, NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

Jan. 13, 1953 Parkville, Md. Parkwood REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR Funeral Home 2008 Orleans St.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED undou 2. DATE ULA (Type or Print) OF fully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR utside corporate limits, write RURAL and give INSTITUTION 30 unoro Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days AGE (In years | fl Under | Year | Il Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED should WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNT information s ousewife 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL n, no or unknown) (If yes, give war or dates of service) SECURITY NO. rone 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, 16 Va injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE PLA 195 L to-19 5 that I last saw the 22. I hereby certify that I attended the deceased from Jec. L. TE an 10 . 1953, and that death occurred at deceased alive on_ M. from the causes and on the date stated above. 28A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION-REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR untinglow VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DELLON ully supplied. 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City/Maryland A. STATE COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN outside corporate limits, write RURAL and give INSTITUTION Mos. c. Length of stay in Baltimbre Days should be early and le WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years) anuck 502 10A. USUAL OCCUPATION (Give kind of 11. BUTTHPLACE (State or foreign country) BUSINESS OR INDUSTRY information s s of death clea Lauseur 13. FATHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
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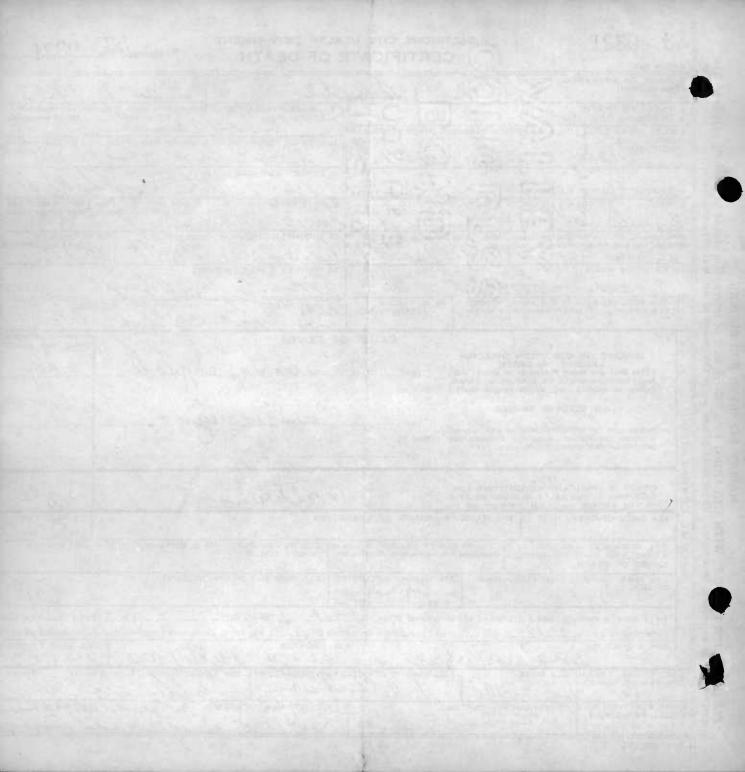
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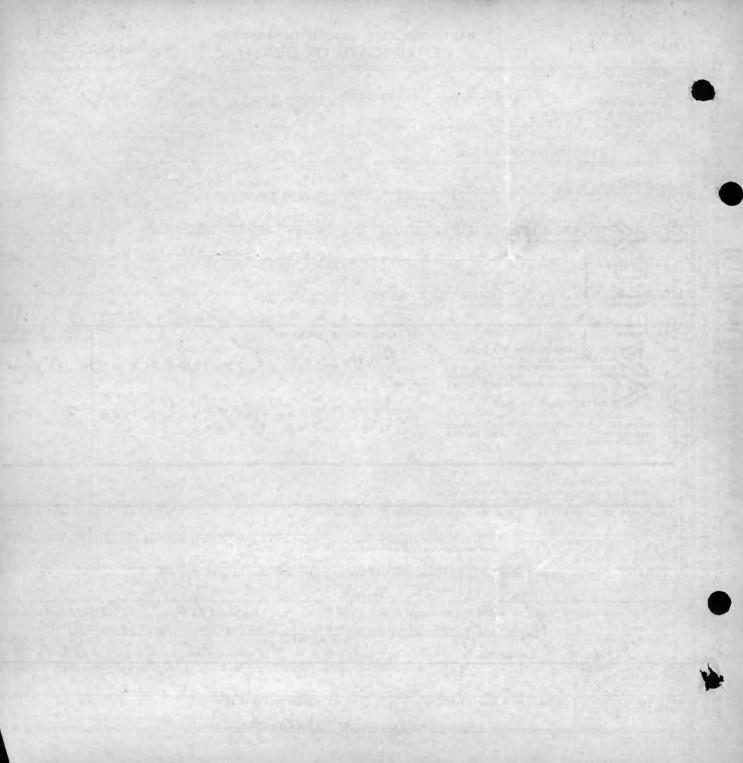
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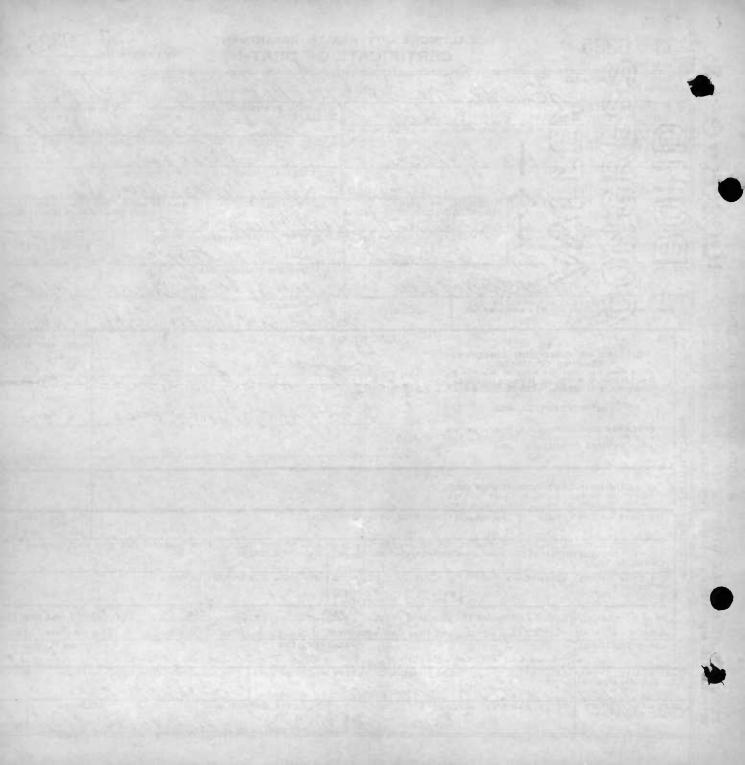
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Brook erefully supplied legibly. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) B. FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (if rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX AGE (In years | | Under | Year | | | Under 24 Hours | Ist birthday) | Months | Days | Hours | Min. information should be 6. COLOR OR RACE SINGLE, MARRIAD, WILDOWED, DIVORCED (Shecify) SINGLE Mall Color Mills 10A, USUAL OCCUPATION (Give kind of work of bedwing frost of working liferoven if retired) 11. BLETHPLACE (State or foreign country) 12. CITIZEN OF Lactor working life even if retired) WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO causes item INTERVAL BETWEEN 18. ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY NLY, WITH important. march-1952 (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK AT WORK 1953, that I last saw the 22. I hereby certify that I, attended the deceased from 11 - 10-133, and that death occurred at 155 Am., from the causes and on the date stated above. deceased alive on 17 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) (State) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D OCATION (City, town, or county) (0 Juria DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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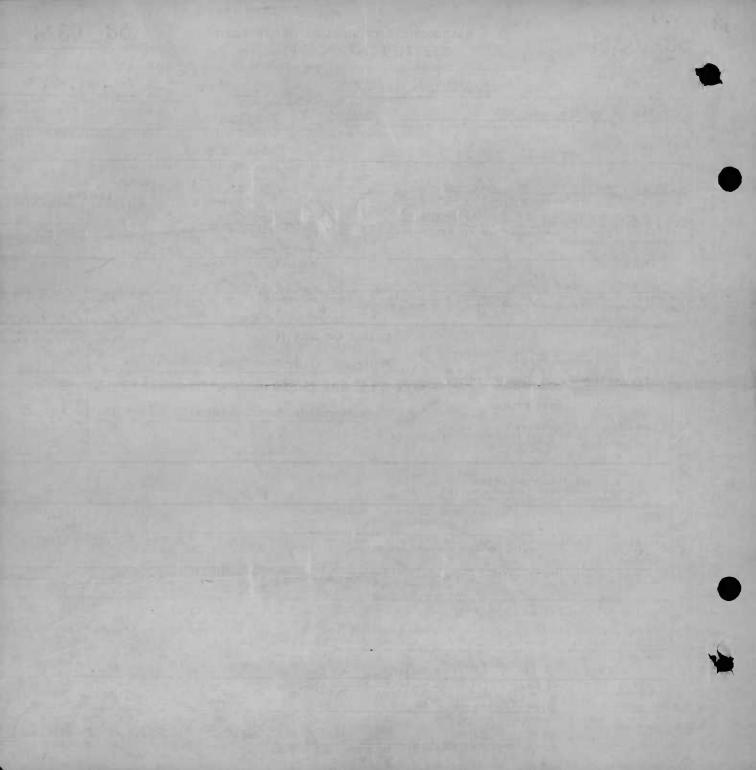
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED OF Jan. 11, 1953 (Type or Print) WOODS SAMUEL DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B FULL NAME OF location) (If outside corporate limits, write RURAL and give c CITY OR TOWN HOSPITAL OR INSTITUTION Baltimore carefully Franklin Square Hospital Yrs. D. STREET ADDRESS (If rural, give location) legibly. Mos. 828 N. Fulton Avenue c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 9. AGE (In years) If Under | Year | H Under 24 Hours | last birthday) | Months: Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH ld be WIDOWED, DIVORCED (Specify) Male Colored arriel pluods 12. CITIZEN OF 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) Jutler information s of death cle 14. MOTHER'S MAIDEN 13. FATHER'S NAME BINDING WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. JAFORMANT ADDRES SECURITY NO (Yes, no or unknown) Every item of i 18. 42011 CAUSE OF DEATH ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY Myocardial infarction LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) OUE TO Coronary thrombosis ANTECEDENT CAUSES Hypertensive cardiovascular disease INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 20. AUTOPSY 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X important. DICA 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Dny) (Year) (Hour) OF INJURY NOT WHILE WHILE AT ecially WORK AT WORK autopsy thereon and from 22. I certify that I took charge of the remains described above, held an _ PL Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above esp 田 and death in my opinion resulted from: natural causes A, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23B, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER ... age Jan. 12. MEDICAL INVESTIGATOR ... 240 bOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE AS 回 ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151

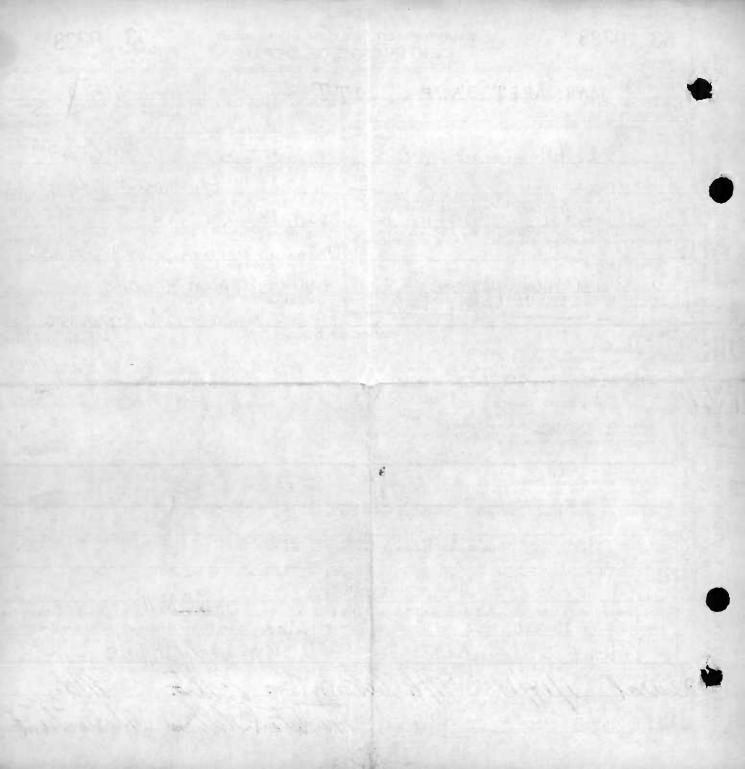


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VRITE PI		deceased alive on, 19, and that death occur 23A. SIGNATURE	urred atm., from the eauses and on the date stated abo	
	24	4A. BURIAL, CREMA- 24B. DATE 249. NAME OF CENTETE	ERY OR CREMATORY 240 QCATIONS (Otty, town, or sounty), (State	te)
PLEAS!	12	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 322	<i>T</i> -
PI		OCAL REGISTRAR Huntington Williams, Mit	Mus Katu R. Williams Schroder S	i
		VS 150 683 5	2	

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 0340

CERTIFICATE OF DEATH . NAME OF DECEASED 2. DATE (Type or Print) ROOSEVELT McKINLEY January 10, 1953 CALDWELL DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY 9 before admission) A. Baltimore City, Maryland A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Provident Hospital ${ t Baltimore}$ D. STREET ADDROSS (If rural, pive location) Yrs. Mos. c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 8 DATE OF BIRTH 9. AGE (In years | M Under 1 Year | M Under 24 Hours | Months: Days | Hours | Min. H Under 24 Hours WIDOWED, DIVORCED (Specify) Male Colored 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTR work done of in most of working life, even if retired) INDUSTRY Louis Lavori 14. MOTHER'S MAIDEN 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 4 17. INFORMANT You, no or tinknown) SECURITY NO. INTERVAL BETW 18. CAUSE OF DEATH ONSET AND DEATH ASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Skull fracture heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MIXXX Contusion of brain ANTECEDENT CAUSES Fracture of jaw DISEASES OR CONDITIONS, IF ANY, GIVING **MAX XXX** RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Multiple contusions, lacerations, and OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. INJURY OCCUR? about home, farm, factory, atreet, office bldg., etc.) CAUSE OF DEATH. Found: Alley Rear of 1046 Pennsylvania Avenue 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY Unknown Found: 1/10/53 8:30 A om. Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23c. DATE SIGNED 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER.... Jan. 12, 1953 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-248. DATE 24d. NAME OF CEMETERY OF CREMATORY 240 LOCATION (City, town, or county

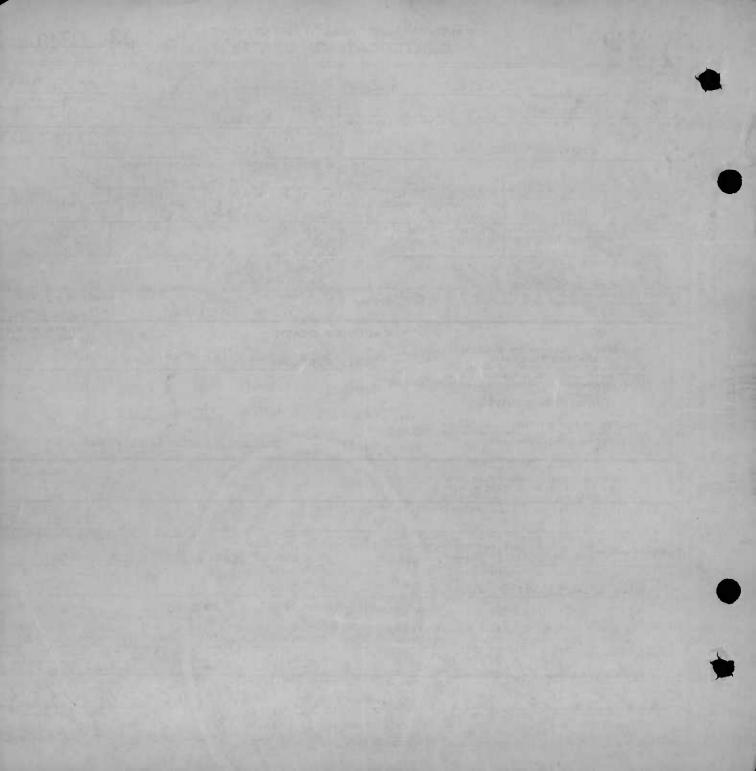
151 N 803, 2

GISTRAR'S SIGNATURE

DATE RECEIVED BY

LOCAL REGISTRAR

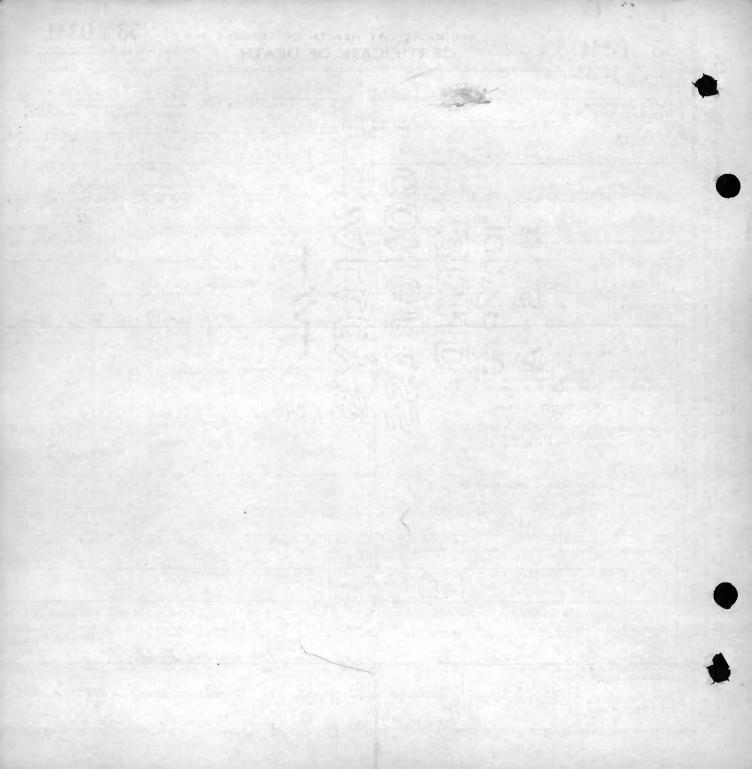
FLINERAL DIRECTOR



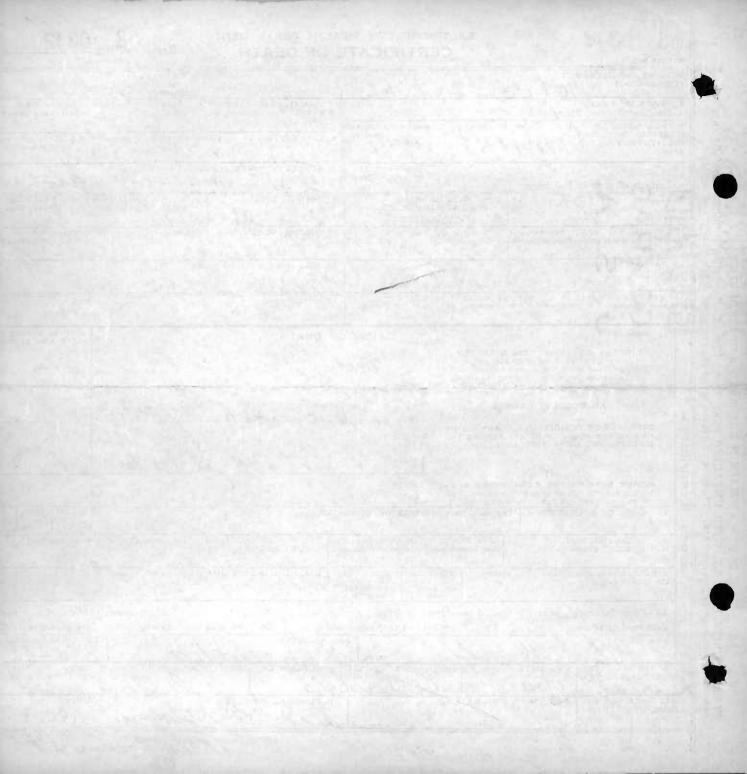
W.	11	220	*	
and and an artist of		BALTIMORE CITY H	HEALTH DEPARTMENT 53	0341
The		52 02/4 5 .	TE OF DEATH Registered No_	
F	1.	NAME OF DECEASED	l 2. DATE	
70	(T	OPE OF Print) DONALD LEE SYKES	OF DEATH ///2	153
plie		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst.	itution: residence before admission)
suppli	В.	FULL NAME OF (If not in hospital or institution, give street address	or Maryland Carroll	before admission)
refully ibly.		SPITAL OR location	c. CITY OF TOWN (If outside corporate limits, w	rite INJRAL and give township)
efu	11/6	Union Memorial Hospital	D. STREET ADDRESS (If rural, give location)	4
ld be arefu	c.	Length of stay in Baltimore 6 weeks Mes	· Q. L C OD C. / her	yland
be	5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific	18. DATE OF BIRTH 19. AGE (In years) If Unde	Yees R Under 24 Hours
uld y a		male White Jungle	12/1/52	A II
information should	10 work	A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR done doring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
cle		pone	Maryland	USA
ath	13	FATHER'S NAME	14. MOTHER MAIDEN NAME	1
orn	15	WAS DECEASED EVER IN (), S. ARMED FORCES? 16. SOCIAL	Frace Menyon	
inf s of	(Ye	, no or onknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Lather ADDR	RESS
em of i		No - I -	Trussell Lypes, Patapseo, Carroll Co	unty Md,
ca		102.0	OF DEATH	ONSET AND DEATH
y if		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	deres madrin	
Every item write the cau		(This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
WIE				
INK.	z	ANTECEDENT CAUSES	electori	
C2.	임	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		***************************************
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NDI ciar	E	_(c)		
UNFADING Physicians:	ERT	OTHER SIGNIFICANT CONDITIONS CON-		
UNF	Ü	TO THE DISEASE OR CONDITION CAUSING IT.		
E.	AL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION	YES NO
WITH rtant.	DIC,	21a. ACCIDENT, SUICIDE. 21b. PLACE OF INJURY (e.g.	, in or 21c. WHERE DID (If in Baltimore City, give	
ILY, WITH	Ш	HOMICIDE (Specify) about home, farm, factory, street, office blds	s.,etc.) INJURY OCCUR?	
-/	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY	RED 21F. HOW DID INJURY OCCUR?	
ally		m. WHILE AT NOT WHILE AT WORK AT WORK		
re Phesially		22. I hereby certify that I attended the deceased from	12/2 1952 to 1/12 , 1953, th urred at 7 pm., from the causes and on the d	hat I last saw the
RITE s espe		deceased alive on 1/12, 1953, and that death occ	urred at 7 m., from the causes and on the d	late stated above.
S S		23A SIGNATURE		3c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LAULEN M. H

VS 150



SHELLEY BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence suppli A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF Monot in hospital or institution, give street address or HOSPITAL OR , location C. CITY OR TOWN (If outside corporate limits, write RURAL and give arefully tovial ATHOSPITA INSTITUTION township) legibly. Yrs. ADDRESS (If rural, give/location) Mos. 0115011 c. Length of stay in Baltimore Days and 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF AGE (In years) If Under 1 Year II Under 24 Hours WIDOWED DIVORGED (Specify) last birthday) Months Days Hours Min. should 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR W. ALTT. information 12551 6 death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO of 18. 332X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. DICA NO 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 'RITE F is especially OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from_ 1950to _, 19 that I last saw the deceased glive on / - (/ 1962, and that death occurred at 5 Pm., from the causes and on the date stated above, 23A SPENATURA ADDRESS 23c. DATE SIGNED 23B. 244 BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24b. LOCATION TION, REMOVAL (Specify) urla DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDREŜS LOCAL REGISTRAR VS 150





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	5.	3 034	4	BALTIMORE CITY HE	EALTH DEPARTMENT		DO DOM'S
The	ВП	RTH NO. 16	6658 AJH	CERTIFICAT	E OF DEATH	Registered	No.
	1.	1. NAME OF DECEASED (Type or Print) Henry Crusse			2. DATE OF DEATH 1.1	1 52	
fully supplied	A.	3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY Before admission		f institution : residence before admission)
y SI	HC	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospital				outside corporate limi	ts, write RURAL and give
full.	3	4940 Easterh Ave			Baltimore 2 6 0 7 township		
egibly.		Yrs. Mos.			D. STREET ADDRESS (If rural, give location)		
(1)		c. Length of stay in Baltimore Life Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.			922 S. Conkling		If Under 1 Year II Under 24 Hours
	10	Male	White	WIDOWED, DIVORCED (Specify)	June 15. 1876	76 77 birthday) M	onths Days Hours Min.
information should of death clearly ar	work	done during mosto	CUPATION (Give kind of f working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Md.	eign country)	12. CITIZEN OF WHAT COUNTRY?
atic	13.	FATHER'S N	AME		14. MOTHER'S MAIDEN NA	ME	-W 3.0C1
des	15	?			7		
inf s of	(Yes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.		17. INFORMANT		DDRESS	
em of in		18. 420			B.C.H.Records 49	40 E astern	Ave Zone 24 INTERVAL BETWEEN ONSET AND DEATH
Every item write the cau		(This does heart failui	E OR CONDITION LEADING TO DEA not mean the mode of e, asthenia, etc. It mea complication which of	of dying, e.g., ns the disease.	coronary artery	thrombosis	7hrs
			ANTECEDENT CAUS	SES	and an add a factor of	24	
UNFADING INK. Physicians: please	ICATION	RISE TO TH	OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	F ANY, GIVING STATING THE DUE TO		disease	
UNFAD	U TO THE DISEASE OR CONDITION CAUSING IT.						
	AL	19A. DATE O	F OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
LY, WITH important.	1EDIC.		CONTRIBUTING	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	or 21c, WHERE DID (If	in Baltimore City,	give exact location)
alt, im	2	21D. TIME () OF INJURY	Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?	
Pr		22. I hereby	certify that I att	ended the deceased from 1.	11.53 , 19 , to 1.	1153 , 19_	_, that I last saw the

PLEASE correct

deceased alive on 1.1153

23A. SIGNATURE

24A. BURIAL CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S ADDRESS 25 FUNERAL LOCAL REGISTRAR

and that death occurred at 7.2 m., from the causes and on the date stated above.

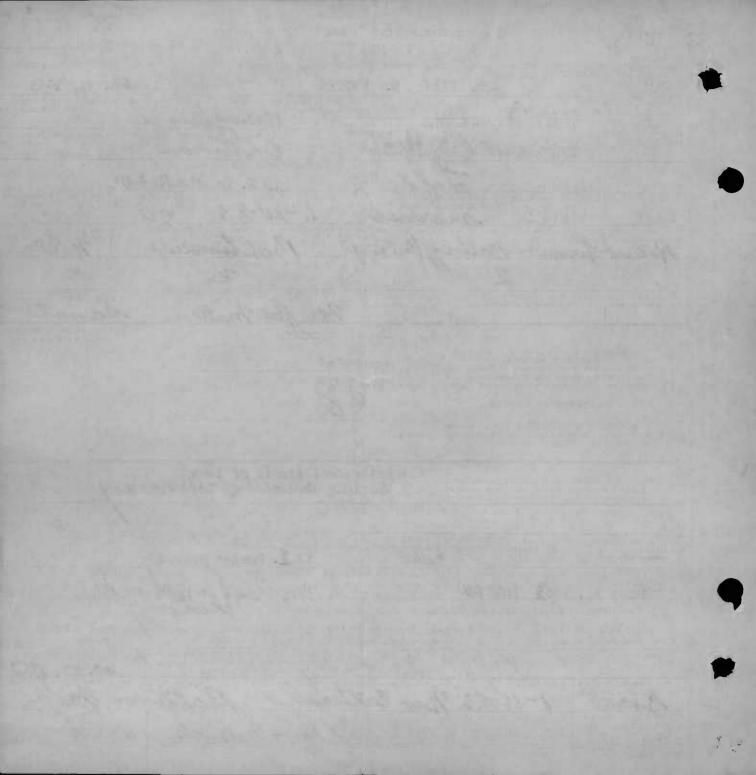
| 23B. ADDRESS | 23c. DATE SIGNED

4940 Eastern Ave

52

23c. DATE SIGNED 1.11.53

THE PROPERTY OF THE PARTY. CONT. CONTRACTOR OF THE PART O



13. FATHER'S NAME

18. 443 X

(Yes, no or unknown)

no

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

0.746

Registered No_ 2. DATE REGINA RAUM DEATH Jan. 12.1953 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph's Hospital Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. 2548 Robb Street - 18 Davs 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) Widowed July 3, 1889 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Own home. Baltimore, Md. 14. MOTHER'S MAIDEN NAME Joseph Fallon Ella Keenan 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Joseph R. Fetsch, 420 S. Chapel Gate Lane none INTERVAL BETWEEN CAUSE OF DEATH ONSET ANO OFATH (This does not mean the mode of dying, e.g., (A) Hypertensive Cardiovascular Disease heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) with Congestive Heart Failure DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY

information should of death elearly ar eauses INK. UNFADING Physicians: p NLY, WITH important.

21B. PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from Jan. 10, 1953, to Jan. 12, 1953, that I last saw the deceased alive on Jan. 12, 19 53, and that death occurred at 2:30a m., from the causes and on the date stated above. 23 SIGNATURE Vavaldo 1400 N. Caroline Street -13 | Jan. 12. 1953

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

24B. DATE

NELLIE

White

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

ANTECEDENT CAUSES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

23c. DATE SIGNED

Jan. 15, 1953 Cathedral Cemetery, ALLA ME PUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE

Baltimore, Md. ADDRESS

LOCAL REGISTRAR 01 E. 22nd. St. em of information should be fully supplied, causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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write

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UNFADING Physicians:

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BALTIMORE CITY HEALTH DEPARTMENT

0217

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

that I last saw the

23c. DATE SIGNED

(State)

00 0021	CERTIFICATE	E OF DEATH Registered No.		
BIRTH NO.	CERTII TOATE	OI DEATH		
1. NAME OF DECEASED (Type or Print) MARIE E. W. /	ds		2. DATE OF DEATH	11,1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution)		4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution : residence before admission
HOSPITAL OR INSTITUTION UNIV. HOSP-	location)	C. CITY OR TOWN BAITIM	(If outside corporate limit	ts, write RURAL and gi
c. Length of stay in Baltimore	Yrs. Mos. Days	2600	(If rural, give location)	Rd Ken
WIDOW	E. MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH March 8, 1886	last birthday) Me	If Under 1 Year H Under 24 Hear onths Days Hours Min
work done during most of working life, even if retired)	o of Business or INDUSTRY	11. BIRTHPLACE (State of Baltimor		U.S.A.
13. FATHER'S NAME		MARY ST	RIEB/E	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mary E. Wilds,		DDRESS Road.

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	DUE TO Carcenorna of Segnated
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)
ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	

CAUSE OF DEATH

TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

218. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office hidg., etc.)

NOT WHILE

AT WORK m. WORK

22. I hereby certify that I attended the deceased from. Z and that death occurred at/2 238. ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Jan. 14, Burial

ZAC. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

Baltimore, Md. ADDRESS

Pm., from the causes and on the date stated above.

240 LOCATION (City, town, or county)

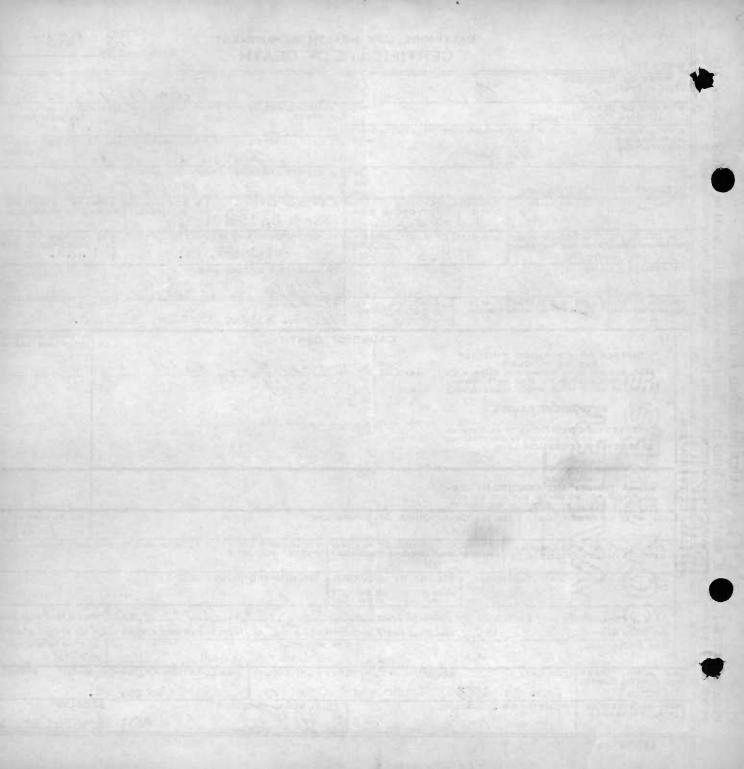
(If in Baltimore City, give exact location)

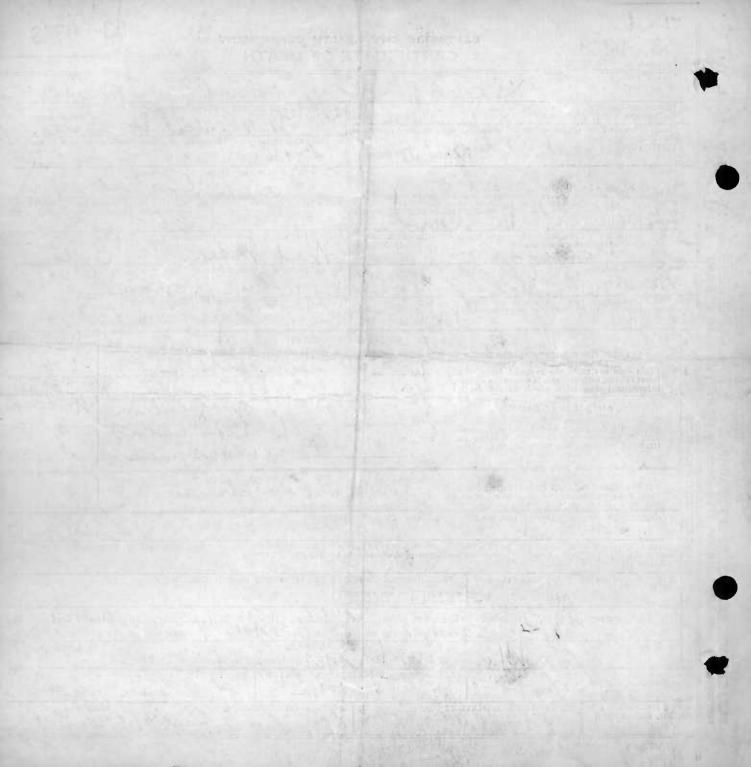
4611 Park Heights A

VS 150

deceased alive on. 23A. SIGNATURE

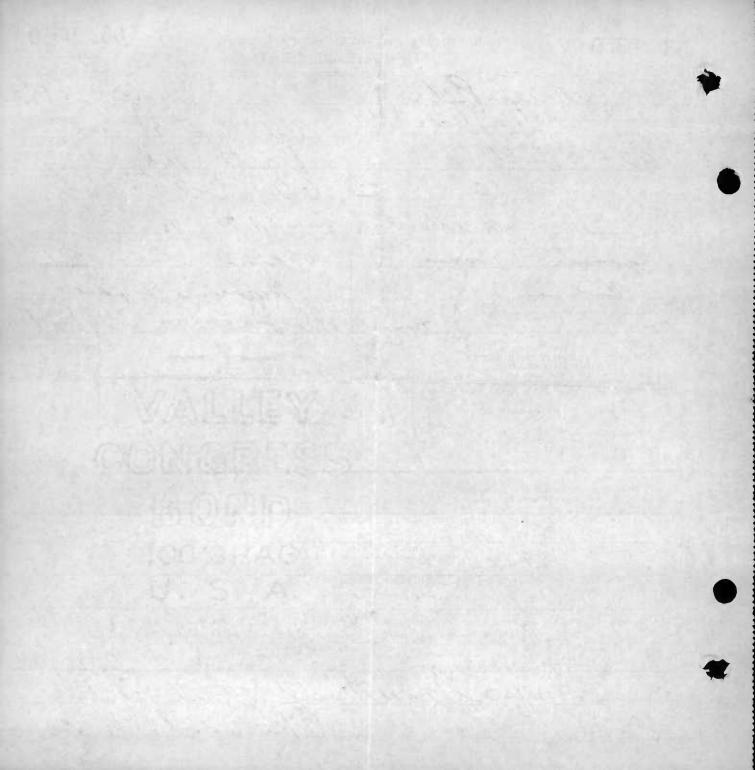
RITE PL. is especially





11-01	53 03 RTH NO.	149		E OF DEATH	Registered No	0349
	1. NAME OF DECEASED (Type or Print) Robert L.Duckett				2. DATE OF DEATH Jan	12 1953
	S. PLACE OF DEATH: A. Baltimore City, Maryland 1018 Parksley Ave			4. USUAL RESIDENCE (V	Where deceased lived. If it B. COUNTY	nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location			al or institution, give street address o location		yland outside corporate limits,	write RURAL and give
IN	INSTITUTION			Balti	2.0	5 5 township)
-	Life Yrs. Mos.		o. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SI			Days 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years #1	
M	ale	White	Married (Specify	Sept 11 1884	last birthday) Mon	ths Days Hours Min.
work	done during most	CUPATION (Give kind of f working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	tation	ery Eng.	Knights of Colu	mbus Marylan		
		erry Ducke	BLOG MANAG	Unknown	AME	
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES? 16. SOCIAL	17. INFORMANT	AD	DRESS
1100	, no or unanown)	(1) Job, Kive wat of date		Robert L.Ducke	tt Jr 1018	Parksley A
TIFICATION	(This does heart failu injury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, IN HE ABOYE CAUSE (A)	TH Off dying, e.g., ans the disease, caused death.) DUE TO SES (B) STATING THE DUE TO (C)	cinoma of the	ilung	2 40
CER	TRIBUTING	SIGNIFICANT COND TO THE GEATH, BUT ISEASE OR CONDITION	NOT RELATED	levotic CVD		
Ĭ,			98. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
-		NT. SUICIDE,	218. PLACE OF INJURY (e. g.,		If in Baltimore City, gi	ve exact location)
JICAL	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					
EDIC						
MEDICAL		Month) (Day) (Year)			Y OCCUR?	
EDIC	210. TIME OF INJURY		m. WHILE AT NOT WHILE AT WORK	E		
EDIC	210. TIME OF INJURY	y certify that I att	m. WHILE AT NOT WHILE AT WORK	Feb. , 1952, to	Jan. , 1953	
EDIC	210. TIME OF INJURY	y certify that I att	m. WHILE AT NOT WHILE AT WORK	Feb. , 1952, to	Jan. , 1953	e date stated above
MEDIC	210. TIME OF INJURY 22. I hereb deceased at 231. SENA.	y certify that I att	m. WHILE AT NOT WHILE AT WORK	Fit., 1957, to urred at 11 fr. m., from to 23B. ADDRESS 25 25 25	Jan. , 1953	e date stated above 23c/DATE SIGNED 1/13/53
MEDIC	210. TIME OF INJURY 22. I hereb deceased at 234 SENA	y certify that I att	m. while at work at work at work tended the deceased from, 1953. and that death occurrence, M. O	Fig., 1952, to arred at 1 from to 23B. ADDRESS EST ERY OR CREMATORY 24D. L	he causes and on the	e date stated above 23c/DATE SIGNED 1//3/53 or county (State)
WEDIC DA	210. TIME OF INJURY 22. I hereb deceased at 234 SENA.	g certify that I att	m. WHILE AT NOT WHILE AT WORK AT WORK AT WORK Conded the deceased from 1953. and that death occur, 1953. and that death occur, 1953. M.O. 24C. NAME OF CEMET SIGNATURE	Fig., 1952, to arred at 1 from to 23B. ADDRESS EST ERY OR CREMATORY 24D. L	he causes and on the causes and control (27) OCATION (City, town, own, own, own, own, own, own, own,	e date stated above. 23c/DATE SIGNED 1//3/53 or county (State) ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT

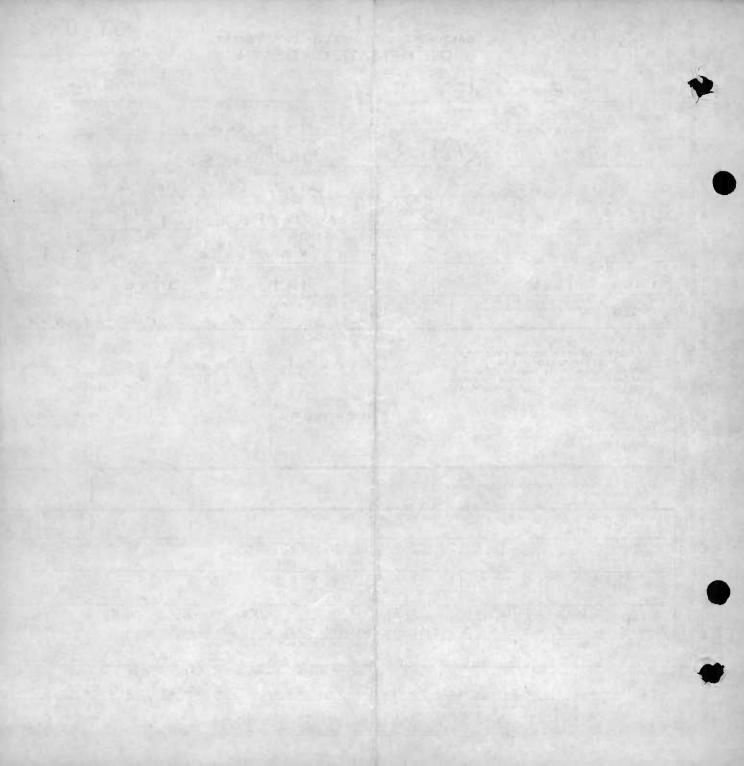
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mary Tannarelli DEATH January 11 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 922 Fawn St. A. STATE R. COUNTY before admission) (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 922 Fawn St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) H Under 1 Year Il Under 24 Hours last birthday) Months: Days Hours Min. White Married March 17 1895 24 Female 10A. USUAL OCCUPATION (Givekinder) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore Md. Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adelina Bacigalupo Joseph Lavezza 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Michael Iannarelli 922 Fawn St NTERVAL BETWEEN CAUSE OF DEATH 18. 14 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPSY? 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bidg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK Dec. 25, 1946, to Jon - 11, 1953, that I last saw the 22. I hereby certify that I attended the deceased from.___ deceased alive on Nov. 12 1952, and that death occurred at 1. >0 c.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 408 24A. BURIAL, CREMA-24c, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Cemeter 4300 Old Frederi Jan.14 1953 New Cathedral REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

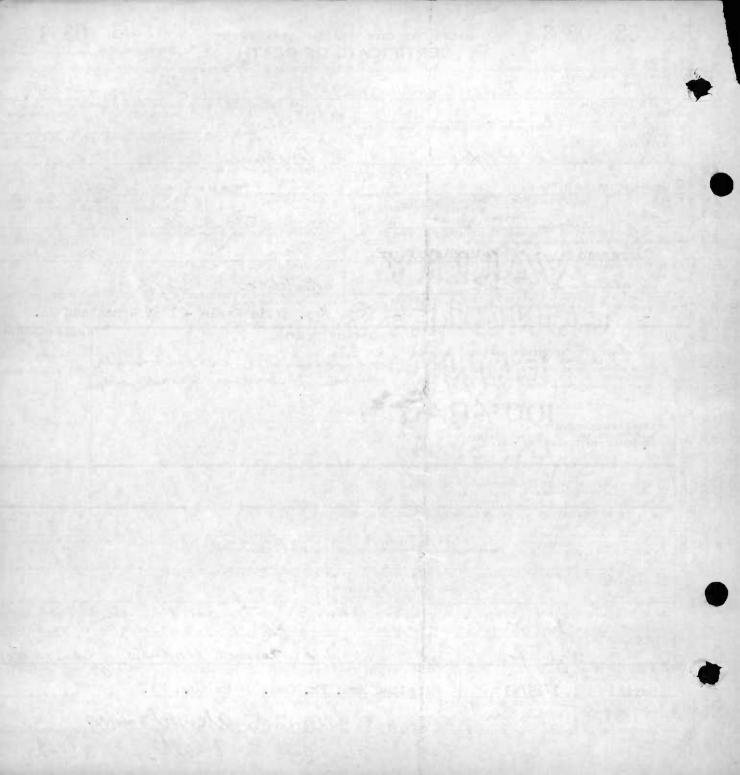
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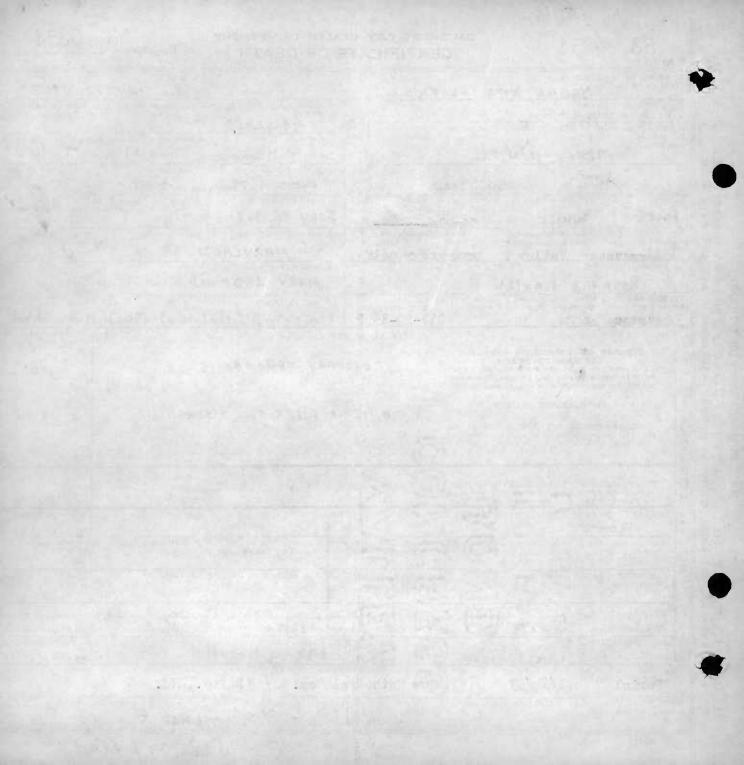
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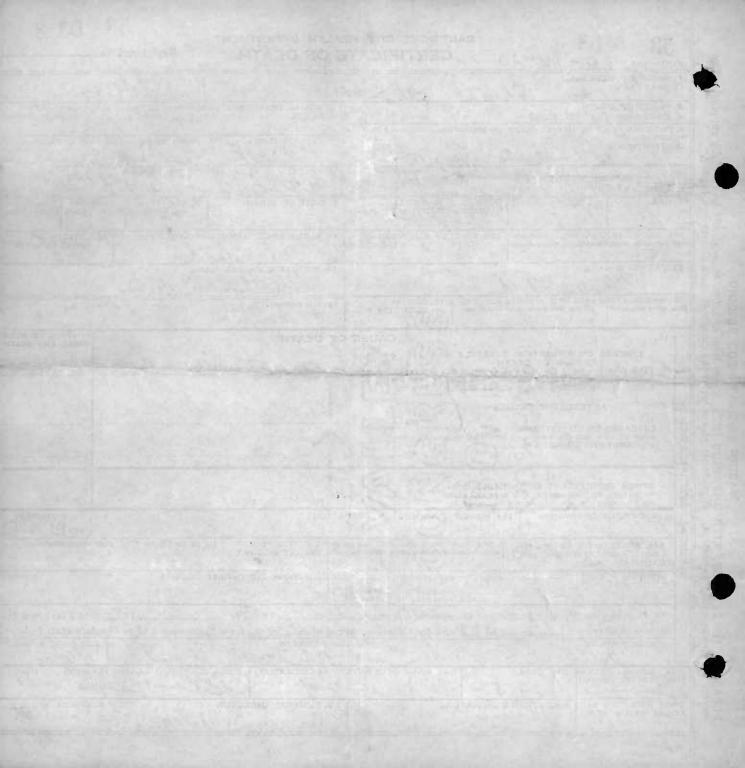


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH JAN. 12, 1753 fully supplied MAGILL. NOTA IGNATIUS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION HOSPITAL legibly Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Many Yeas 1900 N. Monroe Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) information should of death clearly an MALE JULY 30, 1881 Single----10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR MARYLAND Tailor Self U. 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KICHARD MARY REDMOND 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 217-20-3502 1900 N. Monroe Street Peter B. Kelly (sister) してなるまなまない none Every item INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CORONARY THROMBOSIS (This does not mean the mode of dying, e.g., uear write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OHE TO ANTECEDENT CAUSES (B) ARTERIO- SCLEROTIC DISEASE DISEASES OR CONDITIONS, IF ANY, GIVING CATIC RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important YES 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY AT WORK WORK 22. I hereby certify that I attended the deceased from Dec. 1, 1952, to January 12, 1952, that I last saw the deceased alive on Jan. 12, 1953, and that death occurred at 1:10 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED HOSPITAL Jan. 12, 1953 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE Burial (Specify 1/11/53 New Cathedral Cem. Balto., Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS FUNERAL TOIRECTOR UNS 1500



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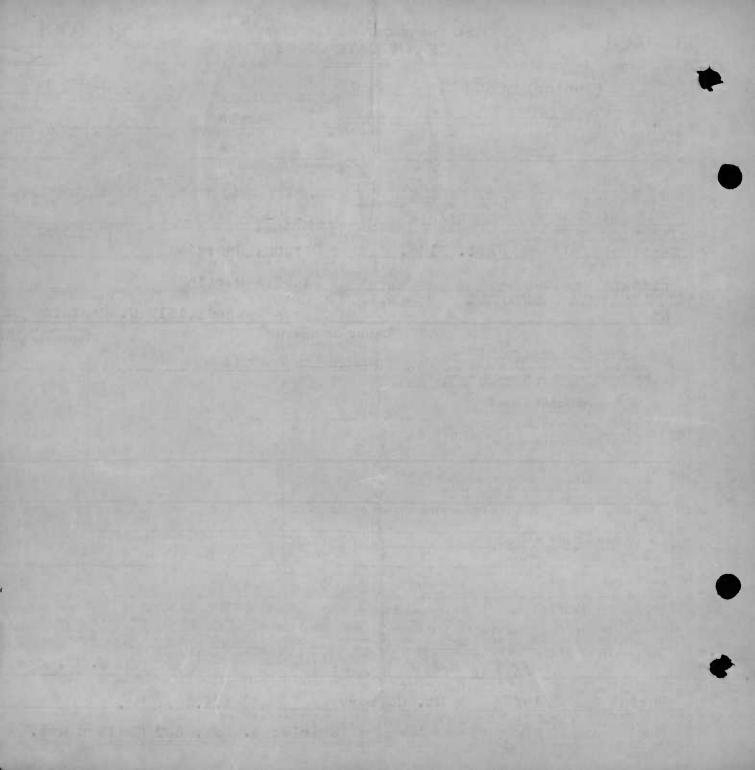
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y su	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION JOHNS HOSPITAL			c. CITY OF TOWN (If or	utside corporate limits, w	rite RURAL and give
10	JOHNS HOLKING HOUSE			D. STREET ADDRESS (A rural drive location)		
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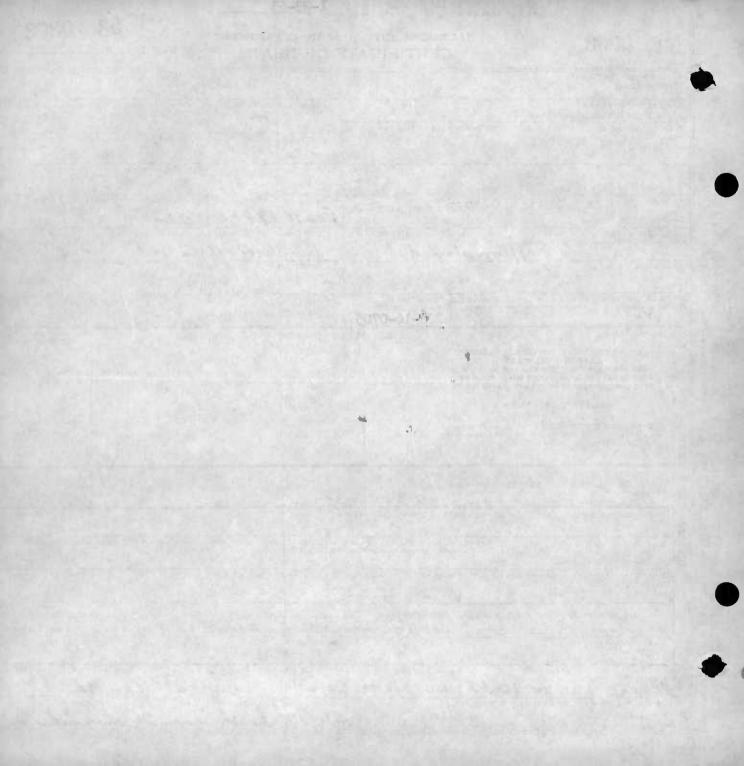
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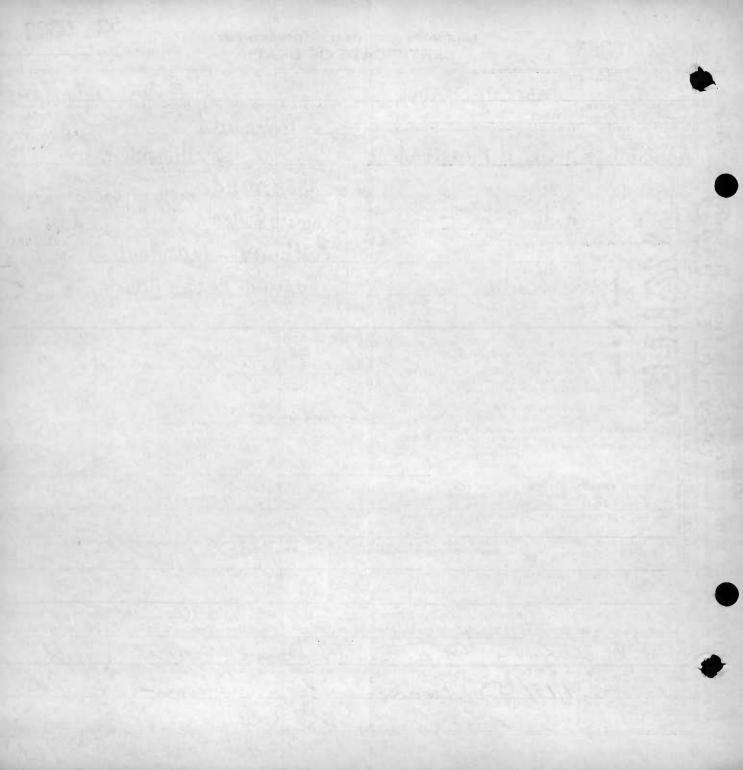
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Jan. 11. 1953 JUINTUS. MEADOWS Junior) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence supplied 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION fully Baltimore Mercy Hospital D. STREET ADDRESS, (If rural, give location) Yrs. legibly. care Mos. **Eutaw Street** c. Length of stay in Baltimore Days 9. AGE (In years | Moder 1 Year | Muder 24 Hours | Months | Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE ld be WIDOWED, DIVORCED (Specify) Male Colored 6-15-05 should Single 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR clearly work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Gordon, Georgia Bldg. Janitor Apt. information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adella Martin Richard Meadows BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknowa) SECURITY NO. Claude Meadows, 1517 N. Bentalou St No causes of 3 X 18. CAUSE OF DEATH ONSET AND DEATH Every item FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive Heart Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATION RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) ... MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 刨 U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X important. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING [] CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! especially AT WORK WORK 22. I certify that I took charge of the remains described above, held an partial autopsy ... thereon and from Autopsy. Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above RITE is esp and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 238, CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED 23A. SIGNATURE age ASSISTANT MEDICAL EXAMINER[Jan. 12, 1953 MEDICAL INVESTIGATOR PLEASE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Calvary Burial Mt. REGISTRAR'S SIGNATURE, DATE RECEIVED BY 25. FUNERAL DIRECTOR LOGALEREGISTRAR rles Law. 802 Madison Ave. V S 0 151



53 0362 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF -cuis Hadren DEATH supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN refully (If outside corporate limits, write RURAL and give INSTITUTION township) Tmins To o Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs should be 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) Il Under 1 Year I Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s of death cle Carroll Co Md 5e/f U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HAdran 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or pulnown) (If yes, give war or dates of service) 16. SOCIAL AT. INFORMANT SECURITY NO 20-16-0705 INTERVAL BETWEEN 241X CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, (APHIMOLOLY CA injury or complication which caused death.) ANTECEDENT CAUSES (BRoacheel As thema DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED sall bouldes toke lose Be to do and TO THE DISEASE DR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK 22. I hereby certify that I attended the deceased from , 1912, to , 102, that I last saw the deceased alive on , 1953, and that death occurred at 2 m., from the causes and on the date stated above. 23A. SIGNATURE 24C, NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION (City, town, or county) Leisters Cem. Jan. 16-53 Carroll Co. Md DATE RECEIVED BY 25. FUNERAL DIREC LOGAL REGISTRAR VS 150 10010



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	BALTIMORE CITY HE	EALTH DEPARTMENT	n3e3
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	NAME OF DECEASED BABY BOY BENDER	2. DATE OF	2,41053
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ork	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	Mallingry - Mariland W	HAF PUNTRY
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	22. I hereby certify that I attended the deceased from Jan	9 ,1950, to Jan 12 , 1953, that	I last saw th
	deceased alive on Jan /2, 1953, and that death occur		Stated above
	T. M. Jus any M. D. M.D.	Comen's Hospilah 11	13/53
TIC	A. BURIAL, CREMA: 24 DATE 24C, NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or count	Pa (State)
	TE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR	25. FUNERAL DIRECTOR ADDR	ESS
U	AN 1 3 1953 Huntington / 9/20/10 10	John J. Connelly	
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF refully supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos 1001 c. Length of stay in Baltimore Days be and 6. COLOR OR RACE 7. SINGLE, MAPRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years) If Under 1 Year last birthday) Months; Days Hours: Min. plnods Se information shourd Jungle 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY None 13 FATHER'S NAME 14. MOTHER'S MAIDEN EVER IN U. S. ARMED FORCES? 15. WAS DECEASED 16. SOCIAL (Yes, no or unknown) SECURITY NO item of 11 18. 422.1 INTERVAL BETWEEN CAUSE Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED lii TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY PL NLY, WITH secially important. NO V 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE [WHILE AT WORK AT WORK Law 11, 1953, to toweld, 1953 that I last saw the 22. I hereby certify that I attended the deceased from. RITE is esp Jan 11, 1953, and that death occurred at 12:25 cm., from the causes and on the date stated above. deceased alive on___ 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE м. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, of county) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

RESERVED

Br. Frederick Vollance Jr.

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Nellia Hooper DEATH refully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION legibly Yrs. D. STREET ADDRESS (If rural, give location) Mos. reen Spring ar + Cross Country c. Length of stay in Baltimore -Davs 5. SEX 6. COLOR OR RACE SINGLE MARRIED B. DATE OF BIRTH If Erffet 1 Year 9. AGE (In years | II Under 1 Year | II Under 24 Hours | last birthday) | Months: Days | Hours | Min. WED, DIVORCED (Specify) information should of death clearly ar 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 11011-6 13. FATHER'S NAME MOTHER'S MAIDEN NAME (5. WAS DECEASED EVER IN U. S. ARMED FOR ES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or nnknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH CERTIFICATION APPROVED DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-PRACTUROD Left Nis TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERAT 20. AUTOPSY important. INTERTROCKENTERIC NO 4 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If In Baltimore City, give exact location)
INJURY OCCUR? HERE MARSING HOME 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING NURSING NLY, CAUSE OF DEATH 7515 GARRISON NURSING Hom e 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY ecially Jan II, 19 53 and that death occurred at 3 2 8 m., from Jon 12 , 1952 that I last saw the 22. I hereby eertify that I attended the deceased from_ Am., from the eauses and on the date stated above. deceased alive on_ 23A. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, town, or county) muria DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 N\$20.0

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	supplied.	3. I A. B. F HO
Service of the servic	PLEASE FRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.	1. (Ty 3.1. B. FHO INS C 10/work 13.
	Every item of in write the causes o	
	UNFADING INK. Physicians: please	MEDICAL CERTIFICATION
	E PLAINLY, WITH specially important.	MEDICAL CERTIFICA
	PLEASE VRIT	24 TIO

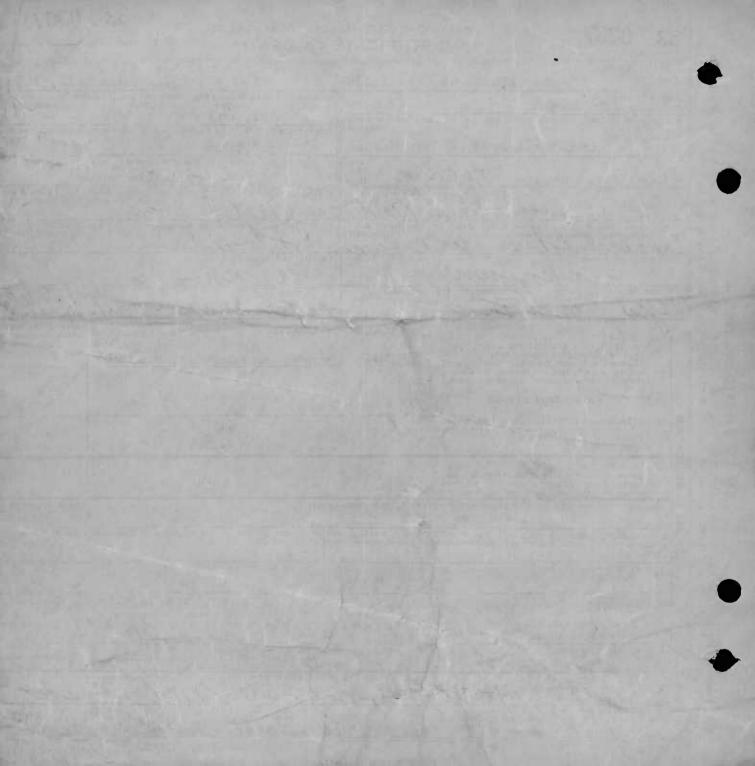
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BALTIMORE CITY HEALTH DEPARTMENT

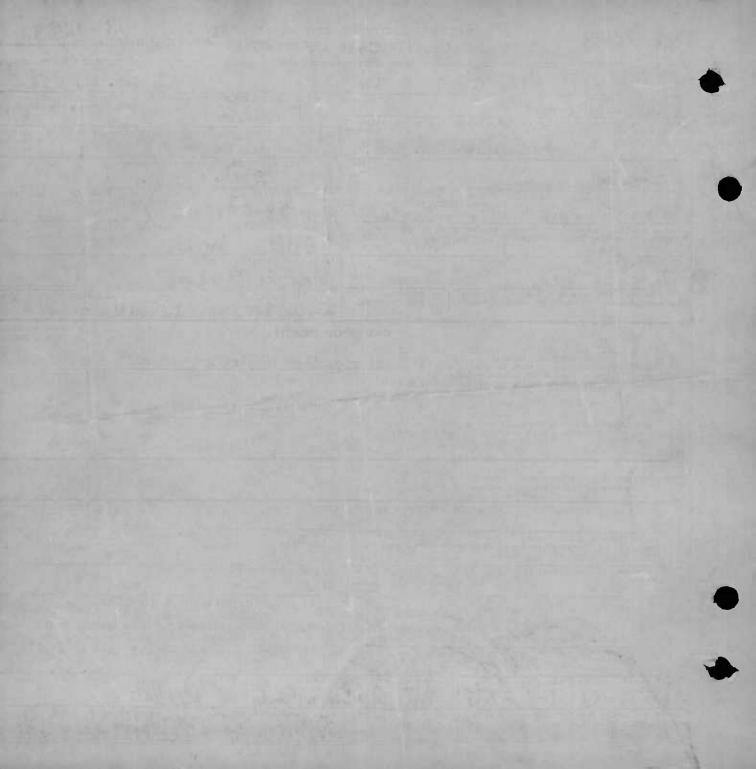
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Registered No.

11	RTH NO.	TE OF DEATH						
1. (T	NAME OF DECEASED HERMAN SMI	H 2. DA						
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where dec	eased lived. If institution: residence COUNTY before admission)					
B. H	FULL NAME OF (If not in hospital or institution, give street address SPITAL OR locat STITUTION		corporate limits, write RURAL and give					
1	Loch Raven Hospital	Baltimore	11-01					
	YISALAI M	o. STREET ADDRESS (If rural, gi						
- Toronton	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AG	(In years H Under Year H Under 24 Hours					
	Male Colored Midowed, DIVORCED (Sp.	may 12/14/	38					
1C worl	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF address uring most of working life even freired)	RY 11. BIRTHPLACE State or foreign co	untry) 12. CITIZEN OF WHAT COUNTRY					
73	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Unknown	unknow	UNU V					
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? J. no or unknown) (If yes, five war or dates of service) SECURITY N	nettee Smith	- 2001- Skuise					
	(8.002X . CAUS	E OF DEATH	INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mode of dying, e.g., (A)	advanced pulmonary tube	erculosis					
	injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES (B)							
NO NO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO							
CATION	UNDERLYING CONDITION LAST. (C)							
FIC								
RTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
CE	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF O	PERATION	20. AUTOPSY?					
1	9	Brings and Aller	YES NO X					
EDICA	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, furm, factory, street, office to UTING CAUSE OF DEATH.		timore City, give exact location)					
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	RILE	R?					
	22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from							
	the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural ca	or Inquiry, find that said deceased	on or inquiry died on the day stated above					
[]	23A. SIGNATURE	238. CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAMIN	ER 23c. DATE SIGNED					
	61/11/10-0 1/08 m 1XXX	M D I MEDICAL INVESTIGATOR						
2. Ti	AA, BURIAL, CREMA- 248, PATE 249 NAME OF CEM	ETERY OR CREMATORY 240. LOCATIO						



53 (368		E CITY HEALT	H DEPARTMENT F DEATH	Registered	R 0368
(Type or Pri	f DECEASED nt)	EDWARD	LEE		1 0 10 1 1 1 1	. 11, 1953
3. PLACE O A. Baltimo: B. FULL NA HOSPITAL INSTITUTIO C. Length 5. SEX Male 10A. USUAL work dune during 13. FATHER (Yee, no or nake)	re City, Maryland ME OF (If not in hosp OR NN	oital or institution, give s	atreet address or location)		B. COUNTY	f institution: residence before admission its, write RURAL and go townsh
c. Length	South Barriage South	altimore Gen.	-	Baltimor STREET ADDRESS (If r 29 Ham	ural, give location)	
5. SEX Male	6. COLOR OR RAC	WIDOWED, DIV	DRCED (Specify) fa	4. 28-1898	birthday) M	M Under 1 Year Conths Days Hours Mi
10A, USUAL work dune during	OCCUPATION (Give kind most of working life, even if relieve		INDUSTRY	Batto. M	reign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER	old fee			laggie Bai		
15. WAS DEC (Yes, no or nake	EASED EVER IN U.S. ARM nwn) (If yes, give war nr de	ED FORCES? 16. SO SE	CURITY NO.	vy te	229WH	andry Str
(This heart injury	SEASE OR CONDITION LEADING TO DE does not mean the mode failure, asthenia, etc. It m or complication which ANTECEDENT CA ASES OR CONDITIONS TO THE ABOVE CAUSE (A ERLYING CONDITION	ATH e of dying, e. g., (eans the disease, caused death.) DU USES (IF ANY, GIVING A) STATING THE DU	Е ТО	lerotic cardio		ease
TRIBE	II OR SIGNIFICANT CON TING TO THE DEATH, BUT HE DISEASE OR CONDITION	T NOT RELATED				*
1	TE OF OPERATION	198. MAJOR FINDIN	IGS OF OPERATIO			YES NO
UNDERL	TERNAL CAUSE WAS LYING [] OR CONTRIB CAUSE OF DEAT	about hame, farm, factor;		21c. WHERE DID (III INJURY OCCUR?	in Baltimore City,	give exact location)
		m. WHILE AT WORK	NOT WHILE	21F. HOW DID INJURY		
	ertify that I took ch			, held an inspect	nspection or inquiry	
	evidence obtained b d death in my opinio	ny said Autopsy, In n resulted from: n	atural causes XX	accident [], suicide	\square , homicide \square ,	undetermined [].
	d death in my opinio	n resulted from: n	atural causes XX	accident □, suicide 23B. CHIEF MEDICAL E ASSISTANT MEDICAL E MEDICAL INVESTIGATO	homicide ,	undetermined □. 3c. DATE SIGNED Jan. 12. 1953
the	d death in my opinio	n resulted from: n	atural causes XX	accident □, suicide 23B. CHIEF MEDICAL E ASSISTANT MEDICAL E MEDICAL INVESTIGATO 3 CREMATORY 24D. LO	☐, homicide ☐, EXAMINER ☐ 2 EXAMINER ☐ 2	undetermined □. 3c. DATE SIGNED Jan. 12. 1953



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 2. DATE I. NAME OF DECEASED (Type or Print) DONALD January 12, 1953 NORMAN BURN DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence supplied 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUMAL and give township) carefully University Hospital Baltimore legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 110 N. GreengStreet c. Length of stay in Baltimore Days 9. AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH It Under 24 Hours should be WIDOWED, DIVORCED (Specify) May 19, 1920 Single Male White 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF clearly work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Handy Man New Jersey information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Norman Burn Blanche Reinhard BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Canderes N.J. (Yes, no or unknown) 140-12-8248 B.C.Schroeder & Sons-715 Cooper St. causes Jo INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Lobar pneumonia heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CEI 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB. UTING [] CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE ecially AT WORK WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\square\), suicide \(\square\), homicide \(\square\), undetermined \(\square\). RI 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Jan. MEDICAL INVESTIGATOR. 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE 1/13/53 Camden_ Removal Evergreen Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE. LOCAL REGISTRAR V S 151

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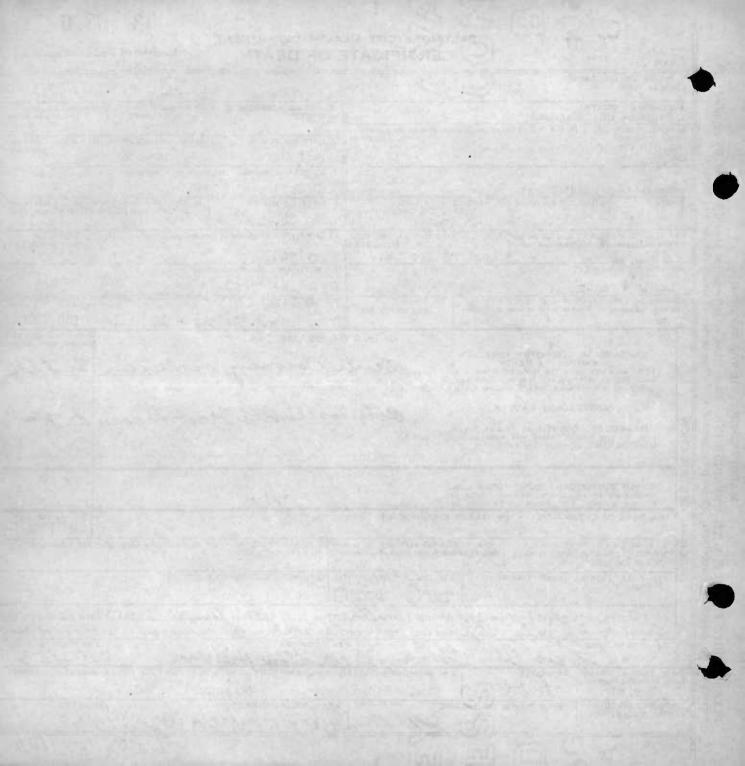
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12. CITIZEN OF WHAT COUNTRY? ADDRESS Mrs. Anna M. Heintz - 10 Mallow Hill INTERVAL BETWEEN ONSET AND DEATH (B) Otterioschotie Heart Pinn 2 yez 20. AUTOPSY NO F YES (If in Baltimore City, give exact location) ___. 1953 that I last saw the 23c. DATE SIGNED 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) wever 56424

before admission)

township)

ite RUPAL and give



0.374 Registered No. Jan. 12, 1953 B. COUNTY before admission) (If outside corporate limits wait RURAL and give township) 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPS

(If in Baltimore City, give exact location)

1900, to January 12,1903, that I last saw the 22. I hereby certify that I attended the deceased from May , 1953, and that death occurred at 12.10 mi, from the causes and on the date stated above, deceased alive on JAN/2 238. ADDRESS

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

RITE

24B, DATE

? Juntin

24c. NAME OF CEMETERY OR CREMATORY Green Mount Cem.

240. LOCATION (City, town, or county) Baltg., Md.

ADDRESS

23c. DATE SIGNED

DATE RECEIVED BY LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT

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Registered No. CERTIFICATE OF DEATH (Type or Print) 2. DATE DEATH Jan. 13 1953 OF Marie T. Bowling 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4826 Gilray Drive Baltimore Maryland o. STREET ADDRESS (If rural, give location) Yrs. Mos. 4826 Gilray Drive c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single 9. AGE (in years If Under I Year last birthday) Months; Days Hours; Min. 8. DATE OF BIRTH Female White may 27, 1860 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None Bryantown Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Bowling Mary E Morton 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. F. DeSales Mudd Bryantown Md. 1B. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myecarditis about 2 vr (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Arteriosclerosis TRIBUTING TO THE OEATH, BUT NOT RELATED unknown TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ā LYING OR CONTRIBUTING aboot home, farm, factory, street, office hidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK AT WORK 6/16/ . 1953, that I last saw the 192, to 1 22. I hereby certify that I attended the deceased from 1953, and that death occurred at 1:45 m., from the causes and on the date stated above. deceased alive on A. SIGNATURE 23c. DATE SIGNED 25th. St. City 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) Burial 16 1953 St. Mary's Cemetary Bryantown Maryland DATE RECEIVED BY 25. FUNERAL DIRECTOR

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Waldorf,

Maryland

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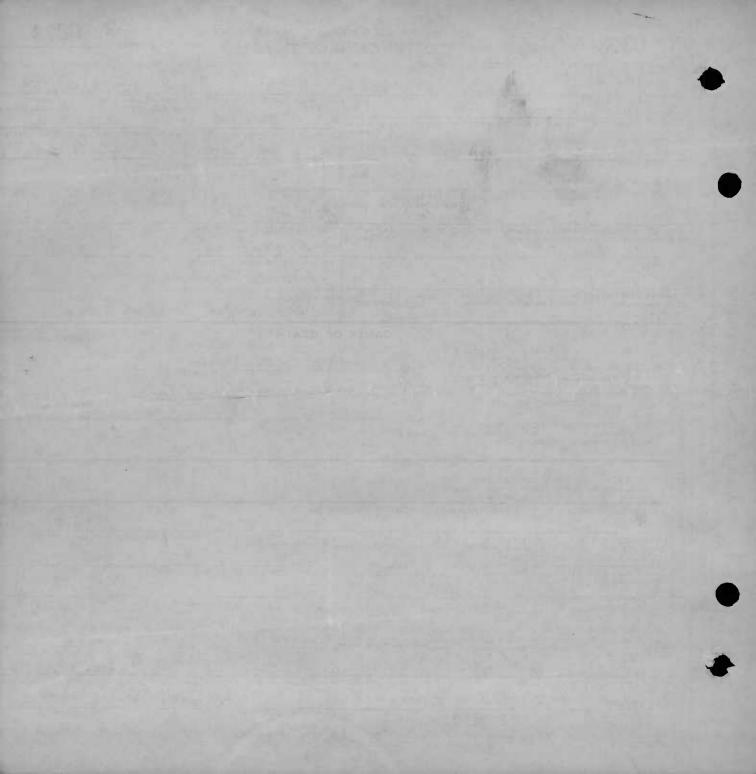
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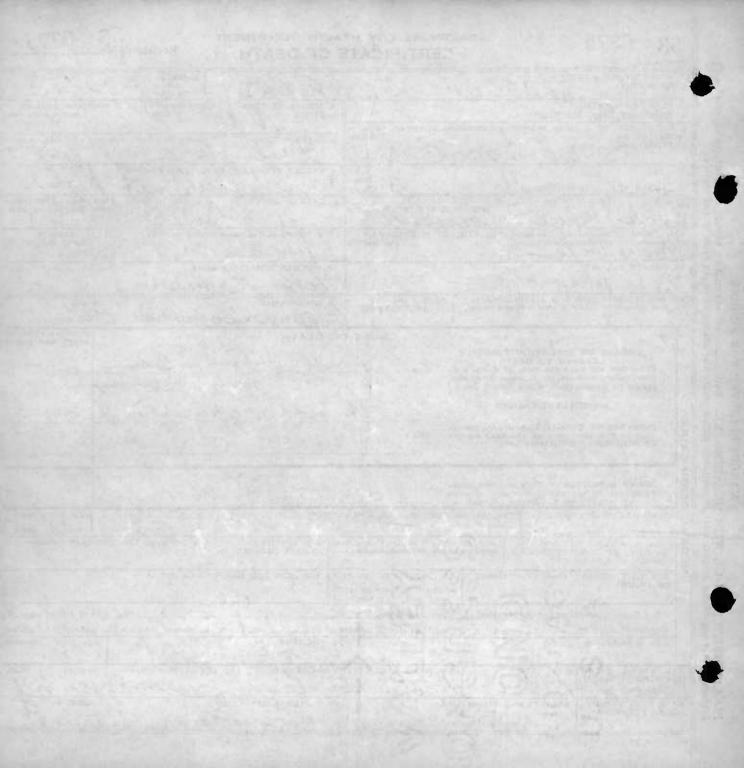
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Dr. John Luetscher 12 2 Eager St

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The	BI	3 0375 RTH NO.				E OF DEATH	Registered N	3 0375
		NAME OF DECEASED bype or Print)	PEBE	CCH	NEV	KFIELI	2. DATE OF DEATH	13-53
supplied	Α.	PLACE OF DEATH: Baltimore City, Ma				A. STATE	(Where deceased lived, If i	nstitution : residence before admission)
ılly	H	FULL NAME OF (III	a de	Vinstitutio	the location		(If outside corporate limits	rite BURAL and give
arefu legibly		Length of stay in B	altimore		Yrs. Mos. Day's	3303 La	(Grural, give location)	Road
should bearly and	7	male who	ite		MARRIED, ED, DIVORCED (Specify		last birthday) Mon	Under I Year I Under 24 Hours this Days Hours Min.
on she	worl	A USUAL OCCUPATION OF STREET	(Give kind of b, even if retired)	OB. KIND	OF BUSINESS OR INDUSTRY		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
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of inforuses of d	(Ye	. WAS DECEASED EVER ! s, no or nnknown) (If yes,	N U, S, ARMED F give war or dates of	ORCES?	16. SOCIAL SECURITY NO.	Mathau Je	odwar a	Paul
y item the cau		DISEASE OR C LEADIN (This does not mean	G TO DEATH	RECTLY lying, e.g.,	(A)	OF DEATH	on my Oedenn	INTERVAL BETWEEN ONSET AND DEATH
EKVED C. Ever e write		heart failure, asthen injury or complicat ANTECE		ed death.)		anie my	na diti	U W. a. a
N KESE IG INK.	ATION	DISEASES OR CON RISE TO THE ABOVE UNDERLYING CO	CAUSE (A) ST	ATING THE	(B)	<i>f</i>		7 7000
ADING icians:	IFIC		П		(0)			
MAKGIN UNFADING Physicians:	CERT	OTHER SIGNIFIC, TRIBUTING TO THE TO THE DISEASE OF	ANT CONDITION CONDITION C	T RELATED	1)	coloty m	Melis	10 yms
ht .	AL	19A. DATE OF OPERA	ATION 19B	. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY7
. 0	MEDIC	21A. ACCIDENT WAS LYING OR CONTR CAUSE OF DEATH		21B. PLAC bout home, far	CE OF INJURY (e. g., rm, factory, street, office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
NA N	-	21D. TIME (Month) OF INJURY	(Day) (Year) (H	w	IE. INJURY OCCURE HILE AT NOT WHILE WORK AT WORK		URY OCCUR?	
TE Fespecia		22. I hereby certify deceased alive on_					m the causes and on th	
WRITE g is esp		23A. SIGNATURE	I hom	~.	m. D.	23B. ADDRESS	lus spf.	23c. DATE SIGNED
ASF	TØ	AA. BURTAL, CREMA- ON, REMOVAL (Specify)	24B. DATE	3 /	ashing	ou bene	Drook	yo WY
PLEAS		ATE RECEIVED BY CAL REGISTRAR	Hunting	SIGNATUR	thomas Ma	25. FUNERAC DIRECTO	Ne 2100 6	tow Re
		VS 150	0.	Ä	1			



CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) William A. Herman efully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3015 Kentucky Avenue Baltimore information should be efu Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3015 Kentucky Avenue c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) male white Mar. 31, 1888 married IOA, USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR work done during most of working life even If retired)
Retired Sales Mgr INDUSTRY 13. FATHER'S NAME Mu) Martin J. Herman Dora Thomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. -16-4742 item 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO UNFADING Physicians: p (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED $\overline{0}$ TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION LY, WITH important. 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 195 Q to. 22. I hereby certify that I attended the deceased from. deceased alive on U. , 19 2, and that death occurred at 23A. SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Elebert (F) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Snyder Co. Penna. 14. MOTHER'S MAIDEN NAME ADDRESS Mrs. Marguerite S. Herman, same INTERVAL BETWEEN ONSET AND OEATH 20. AUTOPSY (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 1952, that I last saw the m, from the causes and on the date stated above. 23c. BATE SIGNED 24c, NAME of CEMETERY OR CREMATORY | 24c, LOCATION (City, town, or county) / Sunbury, Penna. ADDRESS Ruck, 5305 Harford Road.

Registered No.

DEATH

B. COUNTY

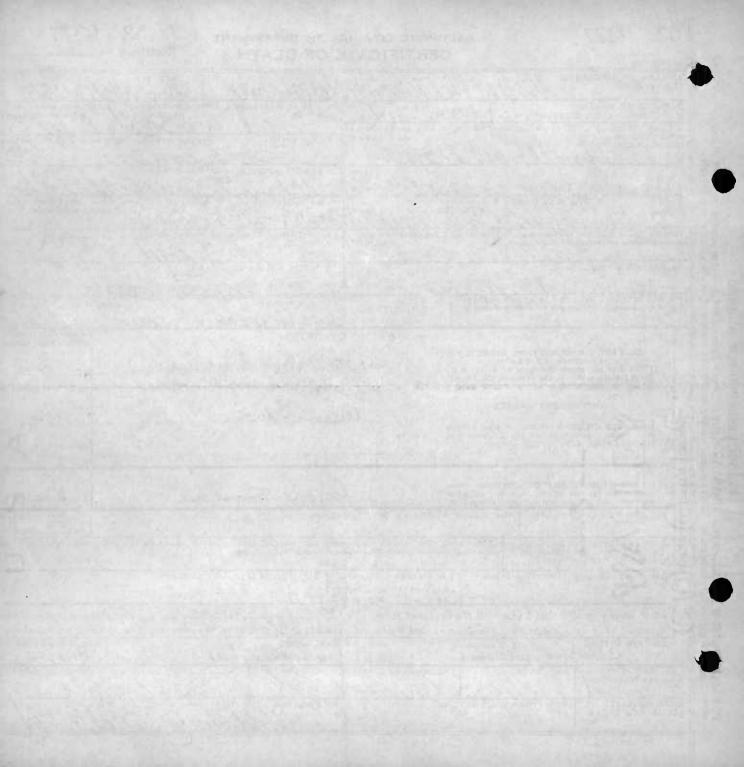
Jan. 14, 1953

Il Under 1 Year last birthday) Months! Days Hours! Min.

before admission)

township)

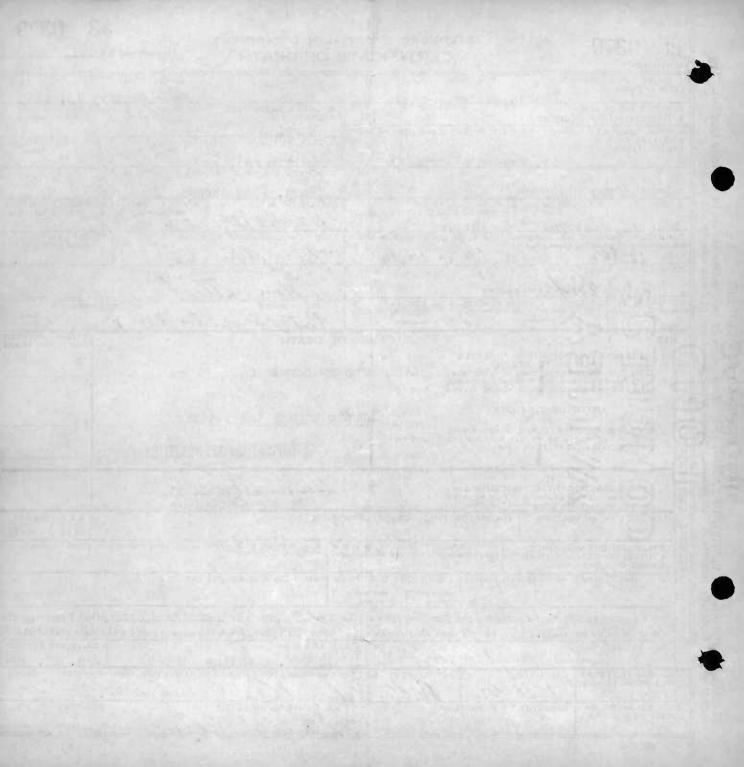
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ould be sefully supplied.) T.	NAME OF D	ECEASED Loh	R, Rosa May.		2. DATE OF DEATH /3	JAN 1953
	В.	FULL NAME	City, Maryland 4	al or institution, give street address o			
		OSPITAL OR ISTITUTION	Union mem		Baltmore	outside corporate limits	, write HURAL and give
	-	Length of s	tay in Baltimore	50 years Yrs. Mos. Days	3151 11.10		Under 1 Year It Under 24 Hours
	10	F. USUAL OC	CUPATION (Give kind of	WINOWED, DIVORCED (Specify	2 Man /877 11. BIRTHPLACE (State or form	last birthday) Mor	nths Days Hours Min.
tion shoul th clearly	1	ATHER'S	of working life, even if retired)	Cotton Mill STR		, , , ,	WHAT COUNTRY
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FO it the		(This does heart failt	SE OR CONDITION LEADING TO DEA not mean the mode are, asthenia, etc. It mea complication which	DIRECTLY TH of dying, e.g., ans the disease,	eumonia		ONSET AND DEATH
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RITE PL.		22. I hereb deceased a	TURE /	tended the deceased from, 19 53, and that death occi	1953, to 1 1954. m., from t 238_ADDRESS	3 Jan, 19 5. he causes and on th	that I last saw the date stated above 23c. DATE SIGNED 13 Jon 53
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C	-	653	53 03	79				
he	5		E OF DEATH Registered No.					
fully supplied. T		NAME OF DECEASED ype or Print) Grant, Walter H-	2. DATE OF DEATH January 13. 19	253				
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence and A. STATE B. COUNTY before ad					
	В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		1 1				
ully 7.		St. Joseph's Hospital	C. CITT OR TOWN (II outside corporate ninits, write KURAL)	and give ownship)				
d be financial f	7	Yrs.	D. STREET ADDRESS (If rural, give location)					
leg leg	-	Length of stay in Baltimore Mos. Days	738 W. Vine Street					
	N	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married Colored Married		ler 24 Hours rs Min.				
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	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
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		DISEASE OR CONDITION DIRECTLY						
± 2		(This does not mean the mode of dying, e.g., (A)						
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
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T SH	Ü	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		DEVI				
WITH rtant.	AL	198, MAJOR PHADINGS OF OPER	YES	NO X				
Y, WITH	EDICA	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	in or 21c. WHERE DID (If in Baltimore City, give exact location (Injury occur?	on)				
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ally		m. WHILE AT NOT WHILE AT WORK AT WORK						
re Pl		22. I hereby certify that I attended the deceased from Janu						
ITE s		deceased alive on Jan. 13, 19.53, and that death occur	rrcd at $9:55am$, from the causes and on the datc stated 23B. ADDRESS 23C. DATE S					
5		John M. Mayer M.D.	1400 N. Caroline Street Jan. 13.	1953				
PLEASE correct ag		AA. BURIAL FREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county)	(State)				
PLEAS correct	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. BUNERAL DIRECTOR ADDRESS	<i>.</i>				
A S		JAN 15 1953 Huntington Williams M.J	Daniel W. Oullinanon					
		VS 150 0 780 7	4 1011 H. Colona tin live	7				



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN INSTITUTION O (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) Widaw-10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY no 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO CAUSE OF DEATH 69 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK , 195-2 22. I hereby certify that I attended the deceased from _____ 1952, and that death occurred at 4 deceased alive on_ 238. ADDRESS 23A. SIGNATURE 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY Suna DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Juntinglow VS 150

before admission) (If outside corporate limits, write RURAL and give Il Under 1 Year last birthday) | Months: Days | Hours | Min. 12. CITIZEN OF Paland ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) , 19 Sthat I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS

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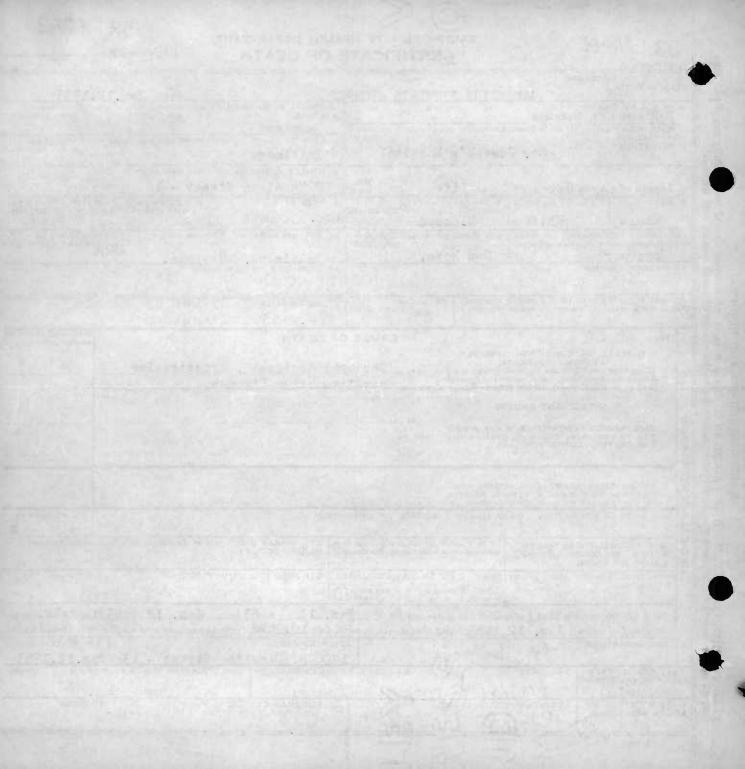
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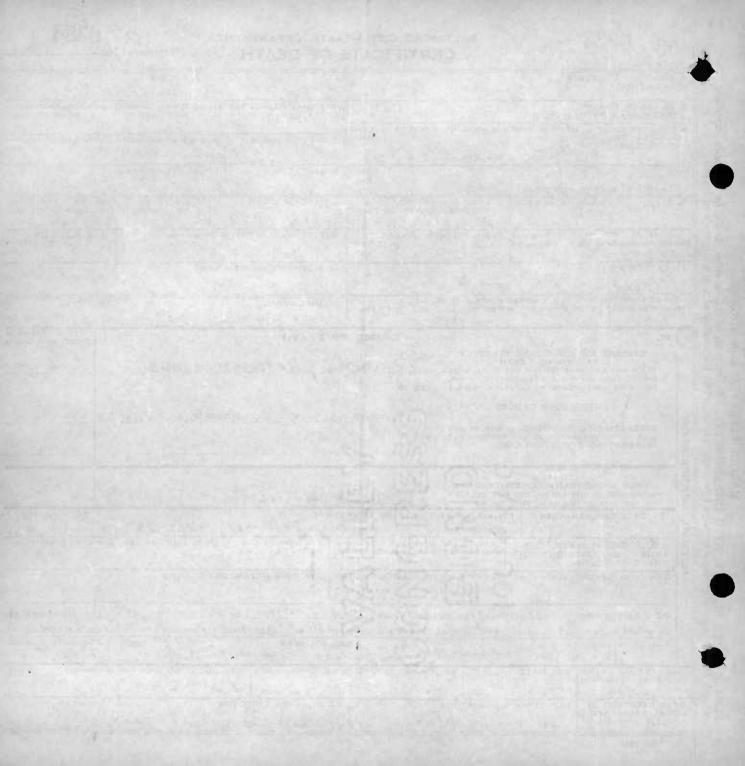
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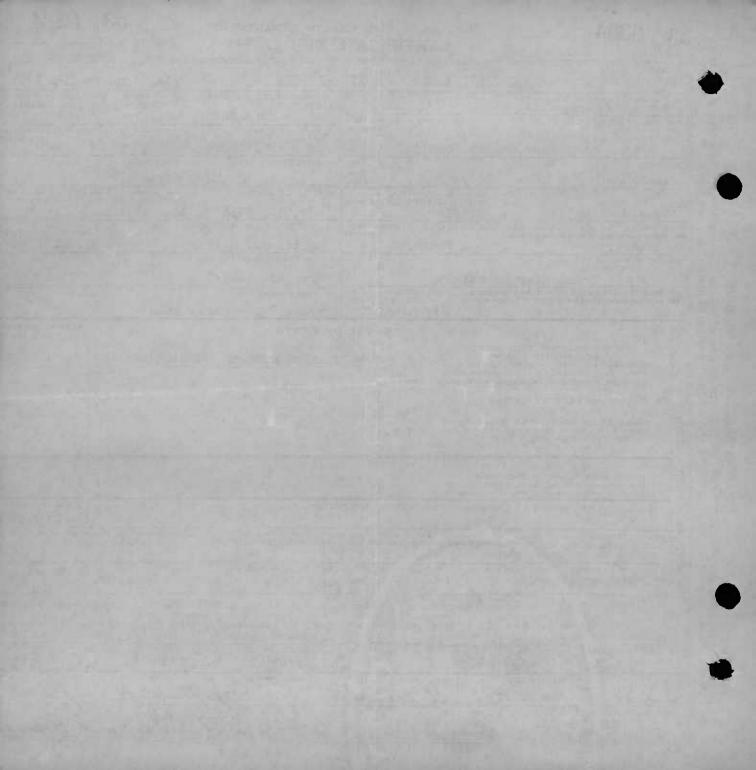


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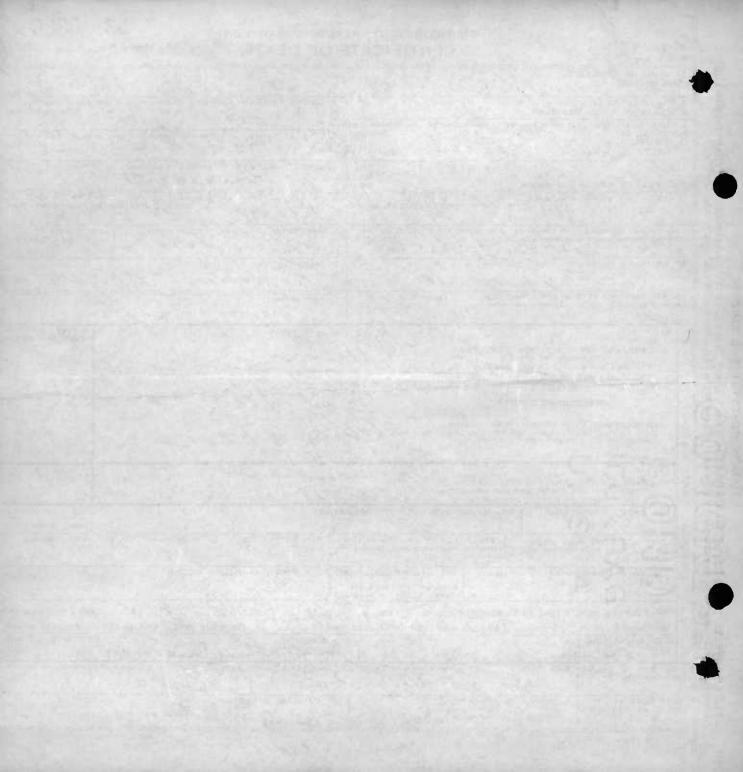
BALTIMORE CITY HEALTH DEPARTMENT

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egu		Length of sta	ay in Baltimore		Yrs. Mos. Days	70-	(If rural, give location)	_
ld be	-		6. COLOR OR RACE	7. SINGLE, WIDOWEL		8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours onths Days Hours Min.
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Every write th		heart failure	e, asthenia, etc. It mea complication which c	ns the disease,	DUE TO		······································	•
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INK.	Z	DISEASES	OR CONDITIONS, II	ANY, GIVING	(B) 14 4 Pe	Musice Can	diovesculor Diseu	58
d I	ATI	RISE TO TH	E ABOVE CAUSE (A) NG CONDITION LA	STATING THE	DUE TO			
ADING icians:	FIC.				(C)			
UNFADING Physicians:	CERTIF	TRIBUTING	II GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED	Diabetic	gangrene fi	066	
hrt .	L				INDINGS OF OPER	ATION		20. AUTOPSY?
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FI		23A. SIGNAT	URE	lirele	1 0 12	38. ADDRESS	ne Rd . #	23c. DATE SIGNED
SE t ag	2	4A. BURIAL CI	REMA- 24B. DATE	24	C NAME OF CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, town	, or eounty) (State)
AS		BURIA	1 1-15-	53 7	lew CATHE		EDMONDSON	
PLEAS correct		ATE RECEIVED		S SIGNATUR		25. FUNERAL DIRECT	Black Good	ADDRESS AND RI





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		- 0000	EALTH DEPARTMENT 53	0386
The	Br	CERTIFICAT	E OF DEATH Registered No	
		NAME OF DECEASED John L. Skee	The land 2. DATE OF DEATH / / /	1/53
ppli		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If in A. STATE B. QOUNT)	ution : residence before admission)
y su	H	FULL NAME OF (If not in hospital or institution, give street address or location)		
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	WOT	done during most of weeking life, even if retired)	1. SAIII-DEE	CITIZEN OF WHAT COUNTRY?
atio	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
NDING information of death cl	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Natherine O'Nou	icke
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н.	L	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
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8		m. WORK AT WORK	ax 1 23 April 13	- 1 7 7 - 1 47 -
TE Hespect		22. I hereby certify that I attended the deceased from Adeceased alive on Jack 13.1952, and that death occur	rred at 7:05/m., from the causes and on the d	at I last saw the ate stated above.
WRITE is esp		200	South Balting Earl Hora	C. DATE SIGNED
[St	24	M. O.	RY OR CREMATORY 24D. LOCATION (City, town, or co	ounty) (State)
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MARGIN RESERVED FOR BINDING	RITE PL. Y, WITH UNFADING INK. Every item of information should be	e especially important. Physicians: please write the causes of death clearly and legilly.
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BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

LA McGully - I30 East Fort Avenue

Registered No BIRTH NO 1. NAME OF DECEASED 1-11-53 2. DATE (Type or Print) Pansy Metzdorf DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland Saint Agnes Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Battimore Pasadena (200) Yrs. D. STREET ADDRESS (If rural, give location) Ft.Smallwood Rd., Pasadena, Md. Mos. c. Length of stay in Baltimore Davs S. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED, 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years last hirthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 6-13-1889 Female White Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Deceased John R. Thomas Louisa O'Brien 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (if yes, give war or dates of service) SECURITY NO. No Family - Same 18. 260 X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш O TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e.g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK 22. I hereby certify that I attended the deceased from 1- 3 . 1953 to / - // , 1953 that I last saw the , 1953, and that death occurred at 11.40 Am., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Cedar Hill Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR nertunistant

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BALTIMORE CITY HEALTH DEPARTMENT

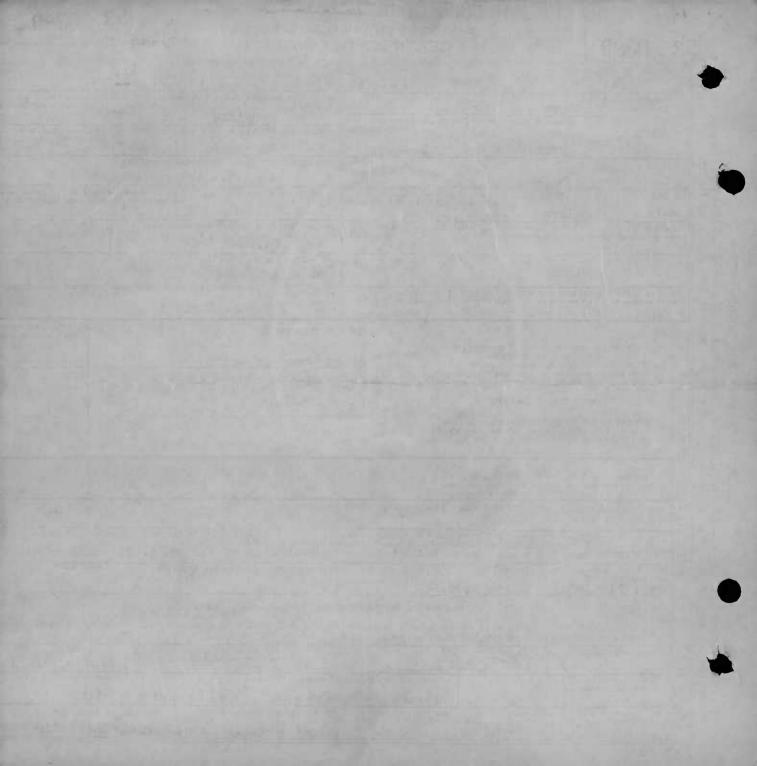
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he	BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No.	2698		
d.	1. NAME OF DECEASED (Type or Print) Malinda Ful	ller	*	OF Jan-12	1953		
pplie	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V				
fully supplied. y.	B. FULL NAME OF (If not in hospital or instituted HOSPITAL OR INSTITUTION 914 HALLEM AVE.	tion, give street address or location)	C. CITY OR TOWN (III	outside corporate limits, w	rite RURAL and give township)		
and legibly.	c. Length of stay in Baltimore	Yrs. Mos. Days	Yrs. D. STREET ADDRESS (If rural, give location) Mos. 9/// 1/ 2 (2 A)				
uld be	5. SEX 6. COLOR OR RACE 7. SINGL	E, MARRIED. VED, DIVORCED (Specify)	B. DATE OF BIRTH Dec. 25, 1899		l Year II Under 24 Hours Days Hours Min.		
information should	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Dome Stic**	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f.	oreign country) 12	CITIZEN OF WHAT COUNTRY?		
death	William Forrest			he st			
of infe	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 217-30 \$3\$5	17. INFORMANT Hurband	914 Harlen	AVe.		
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I S	23A. SIGNATURE 24A. BURIAL, CREMA-1 24B. DATE	M. D.	3B. ADDRESS	OCATION (City, town, or	3c. DATE SIGNED		
	Burial Jan. 16, 1953	Woodlawn	Cemetery Wa	shington	D.C.		
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATURE TO THE STATE OF TH	MIGUE MI	25. FUNERAL DIRECTOR	1216 Duid Kin	ell aw.		

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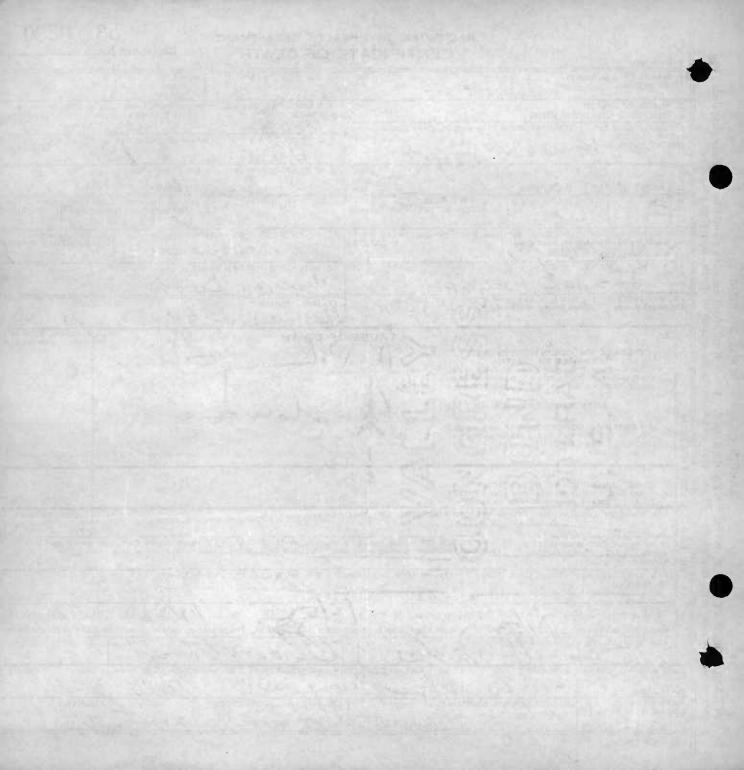
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ERTIFICATE CORRE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 'BIRTH 1. NAME OF DECEASED 2. DATE OF (Type or Print) /12/ **JOHN** WILKERSON DEATH 1 supplied. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION carefully Provident Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. and legibly. Mos. 1149 N. Stricker Street c. Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months; Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) July 2 .1928 Male Colored should 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF clearly INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) Omega Va. Machinist information s of death cle 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Richard Savage Rozella Savage BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. life 1149 N. Stricker "orld "ar 270 20 027 em of i INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH RESERVED FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of brain (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш 20. AUTOPSY U 19B, MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION important. (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) West side of Perry St.-75' south of UTING L CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE ecially Jan. 11 Firearms WORK Autopsy, Inspection or Inquiry thereon and from 22. I eertify that I took charge of the remains described above, held an . the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above RITE is esp esp and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide 💢 undetermined \square . 23B. CHIEF MEDICAL EXAMINER 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER Jan. 12, 1953 MEDICAL INVESTIGATOR PLEASE 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA 246. DATE TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY timore Nationa BULLIA DATE RECEIVED BY REGISTRAR'S SIGNATURE 1206 Device Hill are LOCAL REGISTRAR juntary law



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E	З 0390 в	ALTIMORE CITY H	EALTH DEPARTMENT	5	3 0390		
	RTH NO.	CERTIFICAT	E OF DEATH	Registered I	No		
1.	NAME OF DECEASED ype or Print)	,		2. DATE /	/i		
	PLACE OF DEATH:	yeu of N	W.A. MOUAL DEGIDENCE /W	DEATH //S	7/53		
A.	Baltimore City, Maryland		4. USUAL RESIDENCE (W	B COUNTY	before admission		
H	DSPITAL OR / /	ution, give street address or location	C. CITY OR TOWN (If	OACTIO	s, write RURAL and g		
11	ISTITUTION UNIVERSITY	OSPITAL	Baltin	ore 1	5-4/ "Townshi		
		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	(In)		
_	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SING	Days LE. MARRIED	8. DATE OF BIRTH	9. AGE (In years	Under 1 Year If Under 24 Ho		
-		OWED, DIVORCED (Specify			onths Days Hours Mi		
wor	A. USUAL OCCUPATION (Give kind of lob, KIN during most of working life, even if the tired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHEKACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTR		
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
-	- SAAC HEGIN	(AN	WIR17mL	URIA			
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17 INFORMANT	Hyman	DORESS		
	18. 200.1	CAUSE	OF DEATH	/	INTERVAL BETWE		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
injury or complication which caused death.) DUE TO							
Z ANTECEDENT CAUSES							
01	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING	ING			,		
FICATIO	UNDERLYING CONDITION LAST.	(C)		•••••			
RTIFI							
Ш	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA	TED			THE REAL PROPERTY.		
O	19a. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPE	RATION		20, AUTOPSY?		
CAL					YES NO		
MEDI		LACE OF INJURY (e. g., e., farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)		
~	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURE		OCCUR?			
m. WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 1 19, to 14/53, 19, that I							
	deceased alive on 193, 19		rred atm., from to	he causes and on the	he date stated about		
	1 - Samuelle.	Rightel M.D.	Universil	Hospidel	1/453		
	BURIAL, CREMA- 24B. DATE	248. NAME OF CEMETE	ERY OR CREMATORY 24D. M	OCATION (City, town,	or county) (State		
D	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	FUNERAL DIRECTOR	1 ucus	ADDRESS		
	DCAL REGISTRAR Huntington	Williams M.Z	thex keins ho	2 71006	reties Pl		
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(If rural, give location) AGE (In years) IJ Under 1 Year last birthday) Months Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) , 1952, to Jun 19 , 1963 that I last saw the , 1953. and that death occurred at / / Am., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) DRESS

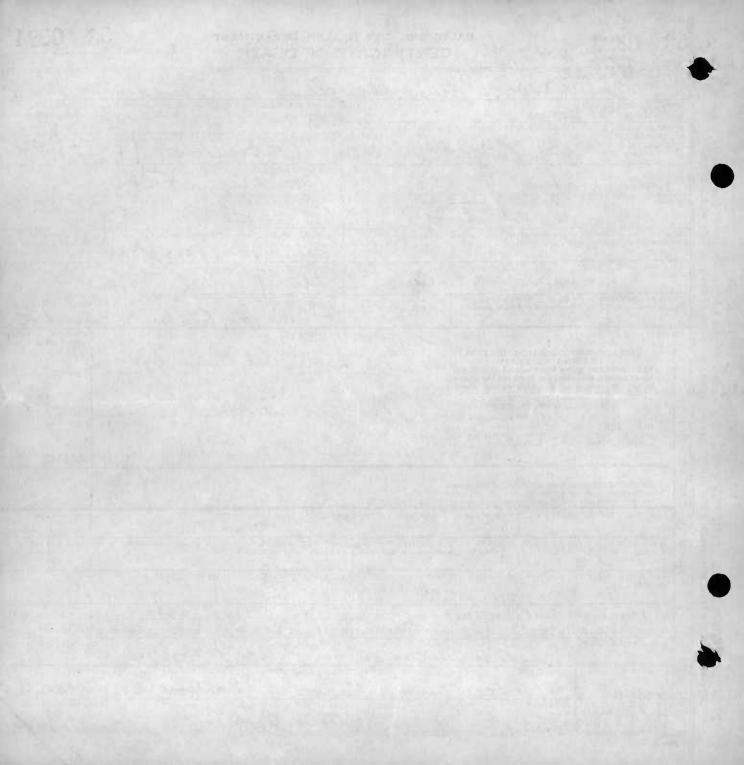
before admission)

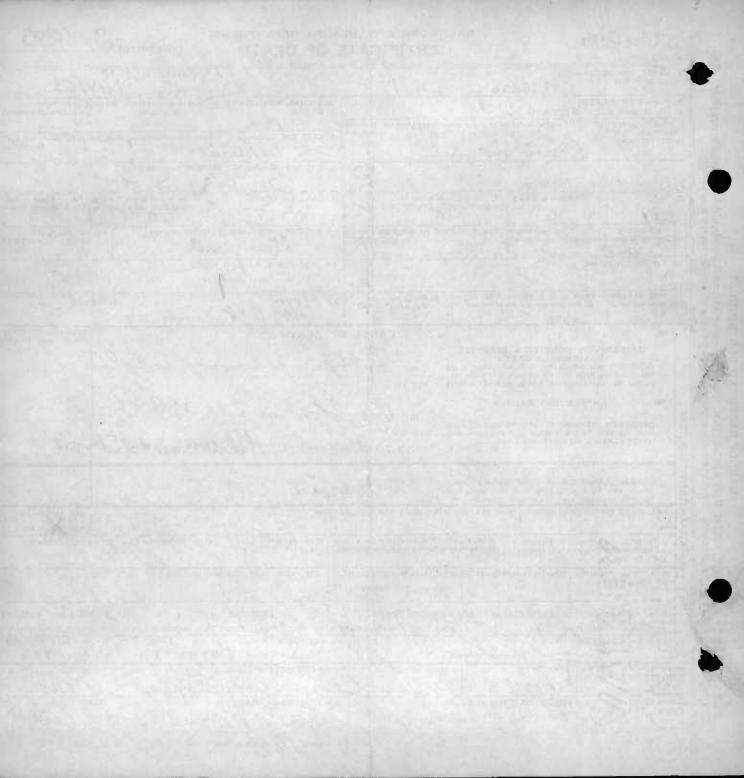
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N-	BI	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT 53 0392 E OF DEATH Registered No.
d. T		NAME OF DECEASED (ype or Print) Minnie Webster	2. DATE OF DEATH January 13,1953
ilddn	Α.	PLACE OF DEATH: Baltimore City, Maryland Balto Md. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
fully supplied.	H	OSPITAL OR location) St. Agnes Hospital	C. CITY OR TOWN (If outside corporate limits, write LUREL and give winship)
egroly.	-	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
and le	-	Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M M	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours Inst birthday) Months: Days Hours Min.
NG rmation should death clearly an	10 work	A. USUAL OCCUPATION (Glve kind of k done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
information of death cl	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME Mary Dishareon
of of	15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
IN KESERVED FOR BIN. ING INK. Every item of in as: please write the causes	EDICAL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or eomplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	estennie C-V Dina ogeno RHistor
MARGIN F UNFADING Physicians: p		OTHER SIGNIFICANT CONDITIONS CONTROL . CONTROL	malledon pacture, et ly.
LY, WITH mportant.		19a. DATE OF OPERATION 19b. MAJOR EINDINGS OF OPER 12-15-52 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., c	nor 21c. WHERE DID (If it Baltimore City, give exact location)
Cile	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI OF INJURY 5-52 2m. WHILE AT NOT WHILE AT WORK AT WORK	Fell down cella stairs
ERITE PI		deceased alive on /-13, 1953, and that death occur 23A. SIGNATURE K. Gaduna M. D.	red at 93, m., from the causes and on the date stated above. 38. ADDRESS 14. Capacity 14. 12. 13. 33. DATE SIGNED 1-13-53
PLEASE correct an	DA	ALE RECEIVED BY REGISTRAR'S SIGNATURE DOLL REGISTRAR AND 1 1057 AUTHORITION WILLIAM AND ALE AND ALE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) LAND COUNTY: ABJURANCE ADDRESS Divisor Hunnar 1241 James Are
		VS 150 N \$ 23.0	Princeso Anne med.

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TREENEBAUM BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RUR and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS Yrs. (If rural, give location Mos. c. Length of stay in Baltimore Days should be learly and le 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s s of death cles BAITO WATER 13. FATHER'S NAME ABINER 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. 443X item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: pl UNDERLYING CONDITION LAST. ERTIFIC H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH LY, WITH 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from Jan 15, 1951, to Dan . 1953 that I last saw the 1952, and that death occurred at 14. 19 m., from the causes and on the date stated above. deceased alive on Tan 9 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL! CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) PLEASE correct ag 24B. DATE TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Jurtinglow VS 150





BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH Baldassare Piccione 1. NAME OF DECEASED 2. DATE (Type or Print) OF fully supplied. BALDASFARO PICCIONE DEATH Jan. 13, 1953 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland C. CITY OR TOWN (If outside corporate Dhits, w e Utral and give INSTITUTION St. Joseph's Hospital Balto .. o ATRICT APOINTE LANGUE STREET Yrs. Mos. c. Length of stay in Baltimore yrs . Days information should be 6. COLOR OR RACE I 7. SINGLE, MARRIED 8. DATE OF BIRTH Il Under 1 Year If Under 24 Hours 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) | Months: Days Hours; Min. Male White 4-2I-I89I 22 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) U.S.A. INDUSTRY Italy Laborer Construction Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Giovannino Piccione Marie F. Polica 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, ao or unknown) (If yes, give war or dates of service) SECURITY NO of i No None 218-05-1405 Mrs.Mary F. Piccione-1915 E. Lanvale Stree 18. 442 X INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral Accident - Hypertensive (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, OUE TO Cardiovascular Disease injury or complication which caused death.) ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPS LY, WITH important. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY TRITE PL. NOT WHILE! __ 19 53 to Jan. 13, 19 53, that I last saw the Jan. 10 22. I hereby certify that I attended the deceased from___ deceased alive on Jan. 13, 1953, and that death occurred at 3:15am., from the causes and on the date stated above. 23B, ADDRESS Jan. 13, 1953 23A. SIGNATURE 1400 N. Caroline St. - 13 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C, NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Belair Rd.Balto:Md. Burial I-17-53 Holy Redeemer Cemetery George J.Ruth, Inc.-1735 Harford Avenue DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Juntinglan VS 150

manufacture of Johnson Mineral S. C. C. . of Journal and Lange Tenting of Billion Entry of the Artist of the Art A CHARLES AND A CONTROL OF THE CONTR

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH January 12, 1953 JOSEPH CCLEMAN fully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) New Jersev B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL ORU.S. Public Health Service c. CITY OR TOWN (If outside corporate limits, write RURAL and give Wyman Park Drive and 31st Bridgeton should be further sarly and legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. Route #2 c. Length of stay in Baltimore Days AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months Days | Hours | Min. 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) Male Negro 6/10/85 Married information shouls of death clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY seafarer Marvland Oysterman U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ebbie Coleman 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO causes 3-18-4619 Records - USPHS Hospital, Balto., Md. Jo INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Lung tumor, left with hemothorax 2 mos. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p RTIFICA. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION WITH 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, ferm, factory, street, office bldg., etc.) LYING□ OR CONTRIBUTING□ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from 12/6/52 1953, that I last saw the . 19___. to. , and that death occurred at 2:15a m., from the causes and on the date stated above. deceased alive on Jan. 12, 1983 23c. DATE SIGNED 23A. SIGNATURE clinica US PHS Hospital, Balto, Md. J.A. Hunter 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) PLEASE TION, REMOVAL (Speci 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Veltuitus.

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BALTIMORE CITY HEALTH DEPARTMENT Registered NA CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ACKBOK fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or WICOMICO HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 441513 Yrs. (If renal, give location o. STREET ADDRESS Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLECMARRISE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) WHAT COUNTRY 12. CITIZEN OF work done during most of working life, even if retired) information s (0 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give was, or dates of service) SECURITY NO item 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE/OF OPERATION . 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY LY, WITH important. (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from_ 19 319_ _, that I last saw the 'RITE I deceased alive on 195 Sand that death occurred at. m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED amue 20112751 BURIAL, CREMA-24C. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) (State) 24B. DATE PLEASE ADDRESS DATE RECEIVED BY REGISTAAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

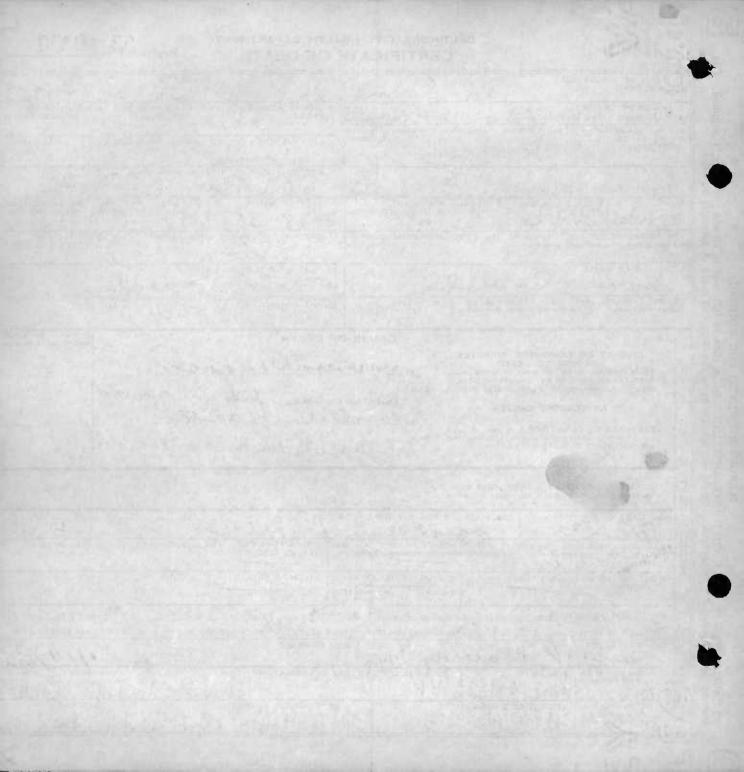
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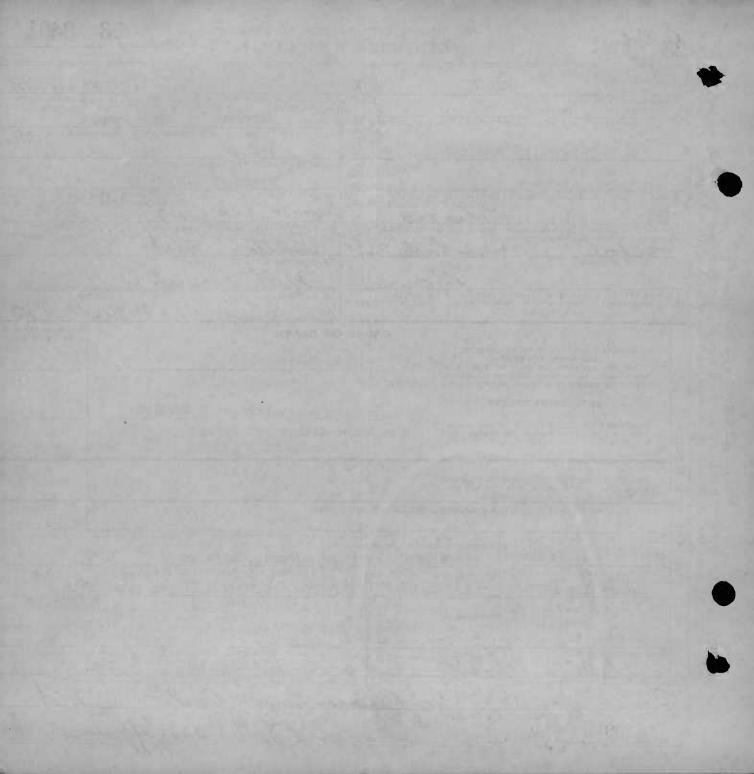
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	IRTH NO.			EKTII-ICAT	E OF DEATH		
1. (T	NAME OF C 'ype or Print)	PECEASED	Ted	Connel	ll	2. DATE OF DEATH	~ 141953
Α.	Baltimore (City, Maryland	tal or institution	hirs Makital	4. USUAL RESIDENCE	(Where deceased livel, I	f institution : residence before admission)
H	OSPITAL OR ISTITUTION	JOHNS HOP		locătion)	c, CITY TOWN	(If outside corporate limit	its, write RURAL and give township)
5	Length of s	stay in Baltimore		Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	N M
	SEX	6. COLOR, OR RACE	7. SINGLE.	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH 3-25-35	9 AGE (In years last birthday) M	ff Under 1 Year If Under 24 Hours Onths Days Hours Min.
		CUPATION (Give kind of working life, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	ven Co	nuel	2	14. MOTHER'S MAIDEN		20.
15 (Ye	. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKIN	IS HOSPITAL	ADDRESS
RTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA a not mean the mode a not mean the mode complication which ANTECEDENT CAU SOR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	TH of disease, caused death.) SES IF ANY, GIVING STATING THE AST.	CAUSE (A) Orra DUE TO (B) COOR (C) Sub	of DEATH versible of a totion of a	wek wing repair ata al endocar	S S S S S S S S S S S S S S S S S S S
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	OF INJURY		m. wh	NOT WHILE AT WORK		-	3
		live on 1-14	_, 19 5 3 ar	() 2	rred at 3.00 Am., from	n the causes and on	that I last saw the the date stated above 23c, DATE SIGNED
1	A. BURIAL, ON, REMOVAL (S	Specify) JAN.14	1957 24	00	RY OR CREMATORY 24D	CINS HOSPITAL LOCATION (City, town HILADELA	PHIA OHIO
	ATE RECEIVE	RAR II	SIGNATUR	10.0 0	25. FUNERAL DIRECTO	& Carle Ca Ac	ADDRESS



township)



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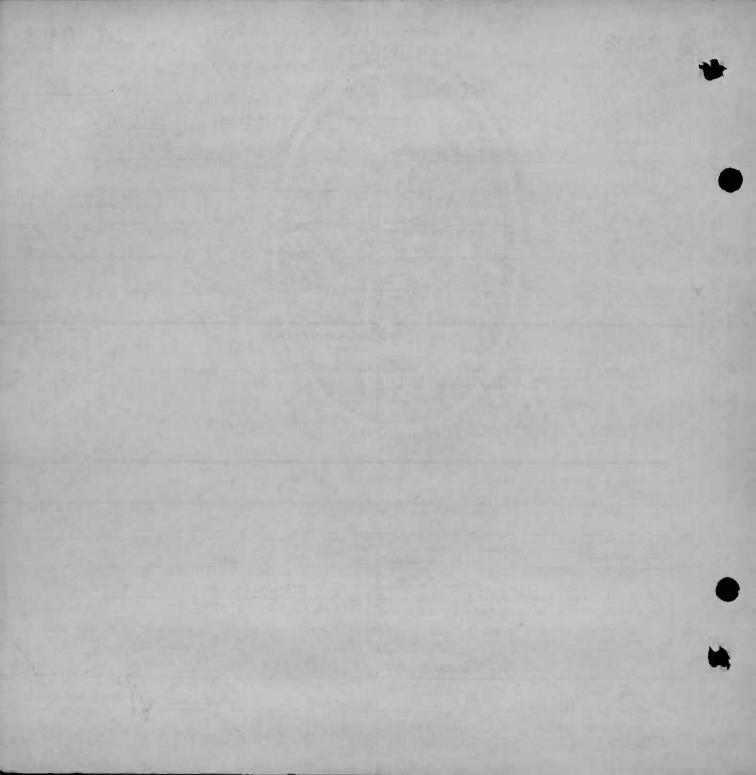
PLEASE

LOCAL REGISTRAR

elow

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. DATE NAME OF DECEASED (Type or Print) CATHERINE Jan. 13, 1953 CRADOCK DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland Baltimore (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Union Memorial Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days Cradock Lane 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Female White ingle 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY INDUSTRY work done during most of working life, even if retired) none 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO (Yes, no or unknown) (If yes, give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Craniocerebral injury heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT $\overline{\mathbf{0}}$ 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X important. 21c. WHERE DID (If in Baltimore City, give exact location) 21a. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ā UTING CAUSE OF DEATH. home Cradock Lane 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT Struck on head with axe 1:00 A. m. Jan. 6, ecially WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above esp and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [X], undetermined []. 23c. DATE SIGNED 238. CHIEF MEDICAL EXAMINER. 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER age Jan. MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY 24D ALOCATION (City, town, or county) 24A. BURIAL. CREMA-TION. REMOVAL (Specify) 24B, DATE correct re DATE RECEIVED BY ADDRESS SIGNATURE 25. FUNERAL DIRECTOR REGISTRAR'S



(If outside corporate limits, write BURAL and give D. STREET ADDRESS (If rural, give location) 9. AGE (In years) If Under 1 Year ast birthday) | Months | Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS 3324 W. Garrison Ave INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 2 that I last saw the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) David R. Mart ADDRESS Martin. 1902 Eutaw Place

VS 150

1953

before admission)

DATE RECEIVED BY REGISTRAR'S SIGNATURE uningson

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LOCAL REGISTRAR VS 150

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12. CITIZEN OF

Life

WHAT COUNTRY?

4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission)

(If outside corporate limit, write RUR I and give

Druid Hill Ave. zone 17

9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours Min.

17. INFORMBAItimore City Hospitals

INTERVAL BETWEEN ONSET AND DEATH

Life

20. AUTOPSY (If in Baltimore City, give exact location)

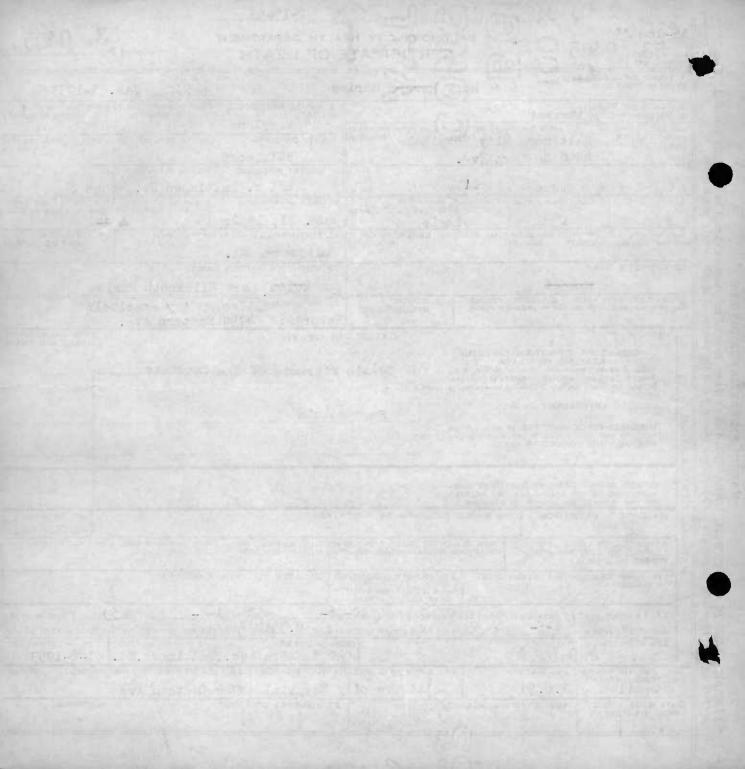
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1953. and that death occurred at 10.157M, from the causes and on the date stated above.

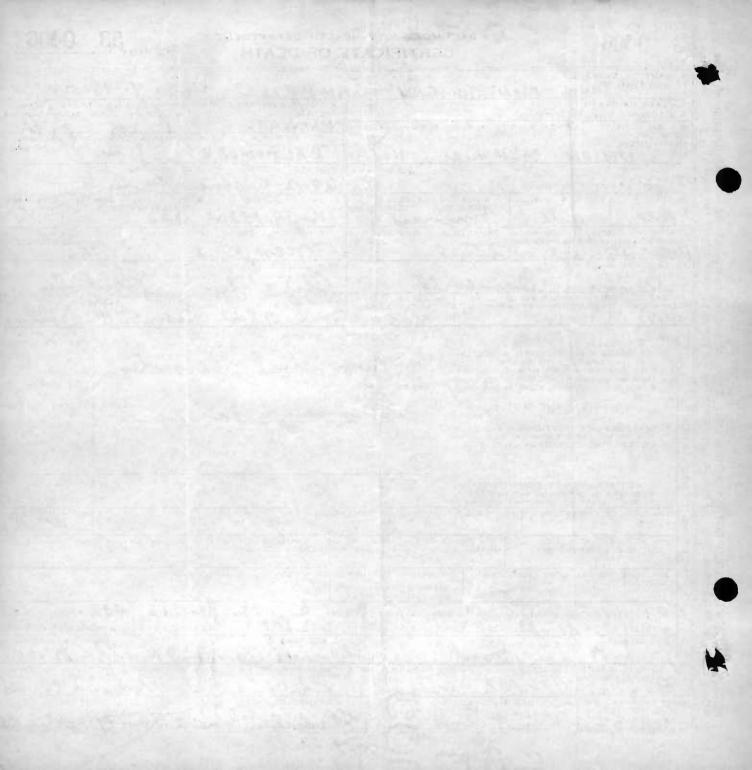
24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

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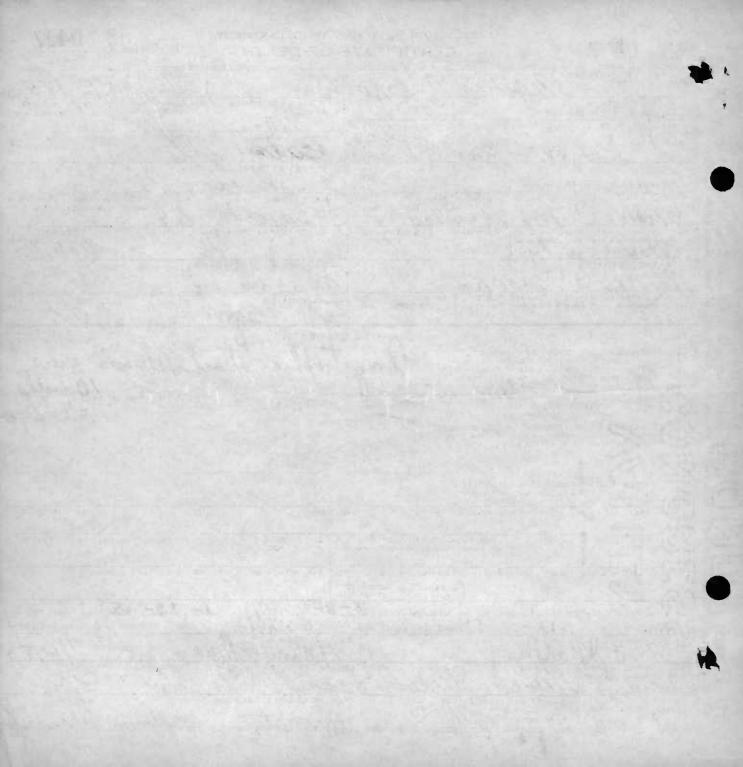
The T	B	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH Registered No.	0406
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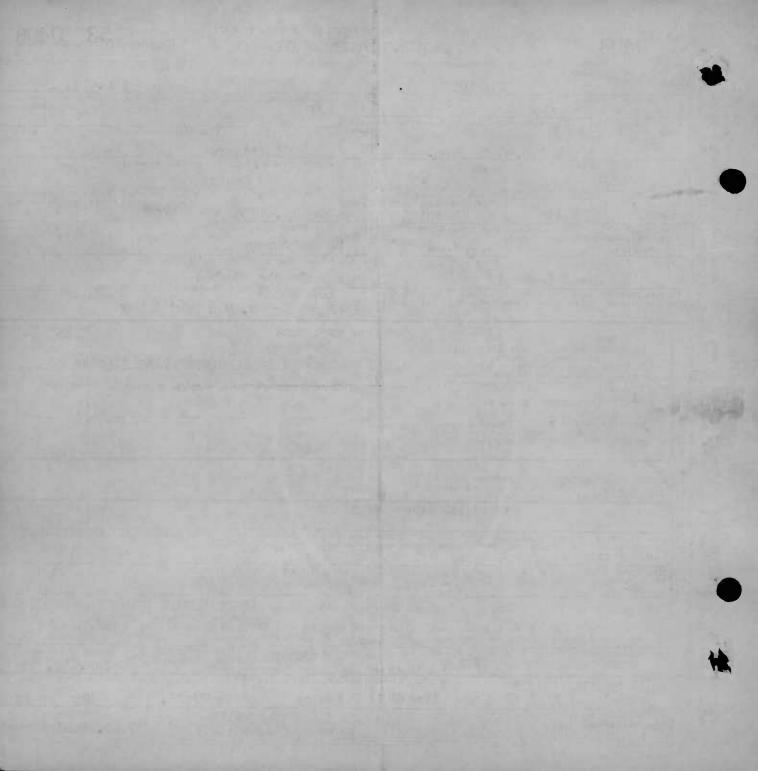
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513H NO.0407	BALTIMORE CITY HEALTH DEPA CERTIFICATE OF DEA	
1. NAME OF DECEASED (Type or Print)	ainia C. Brock	2. DATE OF DEATH SAN, 12 198
a. Baltimore City, Maryland	A. STATE	DIDENCE (Where deceased lived, If institution; residents, DUNTY before admi
B. FULL NAME OF (If not in hos HOSPITAL OR INSTITUTION BAL-WI	pital or institution, give street address or Homeocation) c. CITORTE	(If outside corporate limits, write RURAL an town
c. Length of stay in Baltimore	Yrs. Mos. Days	DRESS (If ruyal, give location)
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William BM	ooks AMAN	MAIDEN NAME 9
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-		Balto.	City Hosp	•	Yrs.	Balt:		ral, give locat	tion)		
c.	Length of stay	in Baltimore			Mos. Days	923 I	Hewitt	Way			
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(Yes	, no or unknown) (If yes, give war or date	es of service)	SECURIT	Y NO.	James Breen	, 923 F	Hewitt V	lay		
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VS 150

23c. DATE SIGNED

20. AUTOPSY

before admission)

WHAT COUNTR

INTERVAL BETWEEN

DNSET AND DEATH

LOCATION (City, town, or county)

(State)

ADDRESS

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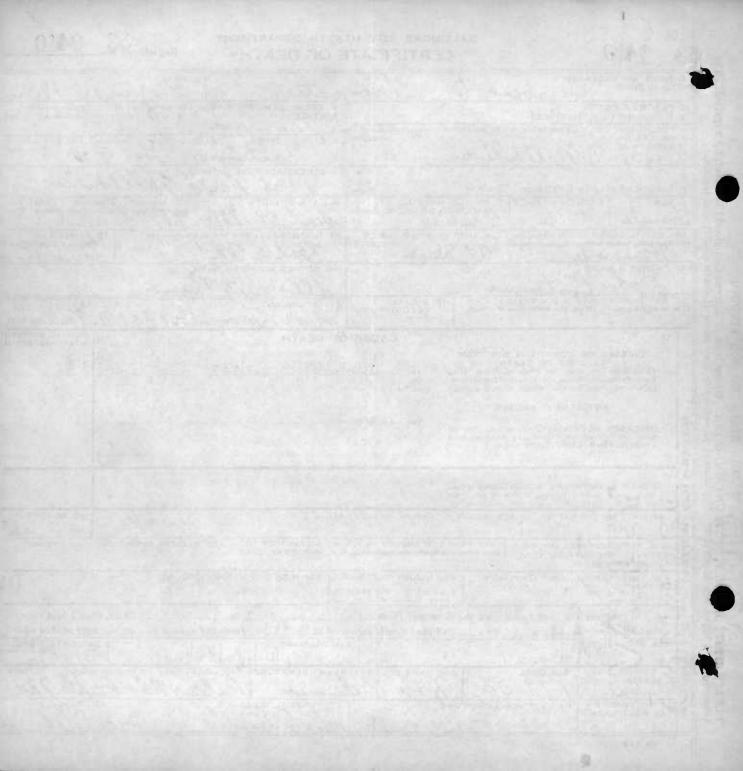
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 0410

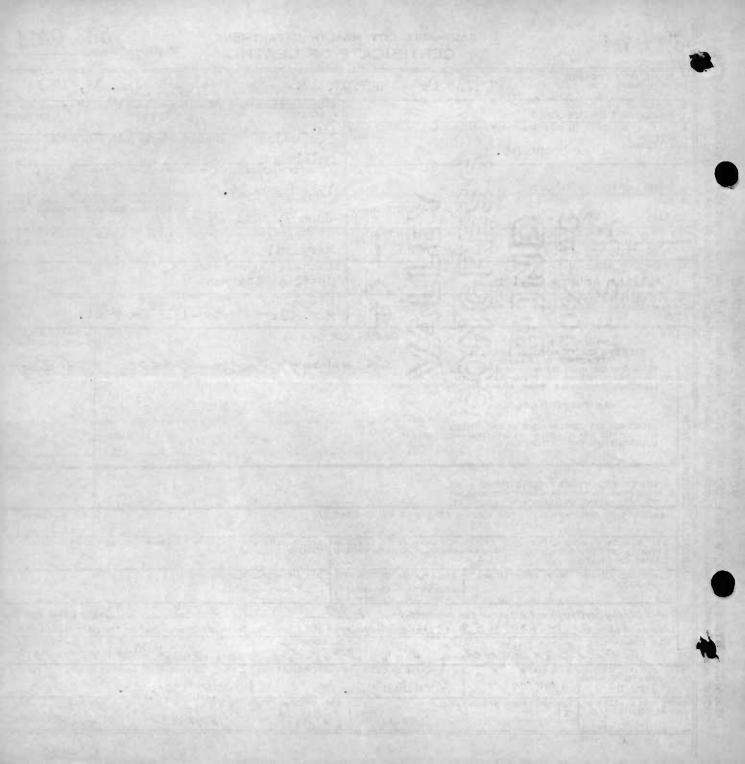
B	IRTH NO.	2 01 22/1111	
1 (1	NAME OF DECEASED. Type or Print) Elizabeth M. Trom	peter 2. DATE OF DEATH An.	15.1953
	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	titution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporal limits)	rite RURAL and give
11	1438 n. Wilton ave.	Ballinore 80	township)
C	Length of stay in Baltimore Left Mos. Days	o. STREET ADDRESS (If rural, rive location)	nare.
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Und	or 1 Year II Under 24 Hours B Days Hours Min.
10 wor	OA. USUAL OCCUPATION (Give kind of kdogo (uring most of working life, even if retired) At Home	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF
13	G. FATHER'S NAM	14. MOTHER'S MAIDEN NAME	, 2, 00.
1:	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	NT. INFORMANT ADD	RESS
(1	s, no or waknown) (If yes, sive war or dates of service) SECURITY NO.	John J. Trompeter 1438 M	. Wilton an.
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	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	& Coronan Mohum	1 du
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		X
	ANTECEDENT CAUSES		
NO NO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO		
RTIFICATION	UNDERLYING CONDITION LAST. (C)		
FF	II .		
CERI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
TEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., i about bome, farm, factory, street, office bldg., cause of Death		exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from 10	red at 1955, to 15 JOW, 1955, t	hat I last saw the
			3c. DATE SIGNED
_	4A. BURIAL. CREMA- 148. DATE 24C, NAME OF CEMETE	RY OR CREMATORY 24D. LOGATION (City, town, gr	county) (State)
TI	Buria 1-19-53 Holy Rea	lumer Below Rd Be	alto Md.
	ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR A	DDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) WILLIAM LEHMAN GUYTON, SR. Jan. 13, 1953 OF fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. C. CITY OR TOWN (If outside cornerate limit RURAL and give INSTITUTION 1911 Boone St. township) legibly. Baltimore Yrs. D. STREET ADDRESS (If rural, give focation) Mos. c. Length of stay in Baltimore Davs 1911 Boone St. should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last hirthday) Months Days Hours Min. male June 7: 1863 married clearly 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Engineer (rtd) Railroad WHAT COUNTRY? Maryland information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Asbury Guyton Cecilia Shearman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT SECURITY NO Mrs. Clara Guyton-1911 Boone St. no causes no 18. 42011 Every item write the cau CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Coronary thrombosis LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY HLIM important. YES NO 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., ctc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY specially NOT WHILE PLA WORK AT WORK 195 3to 1953 that I last saw the 22. I hereby certify that A attended the deceased from. WRITE 19 53 and that death occurred at deceased alive on _m., from the causes and on the date stated above. 23A. SIZNATURE 23B. ADDRES 24A. BYRIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Woodlawn Cem. Woodlawn, Md. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL LOCAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

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CERTIFICATE OF DEATH Registered No. I. NAME OF DECEASED (Type or Print) 2. DATE ADDIE J. SWIFT Jan. 13. 1953 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside or oran limits, write RUBAL and give C. CITY OR TOWN INSTITUTION 4835 Windosr Mill Rd. townshlp) Baltimore legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4835 Windosr Mill Rd. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Linder 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours! Min. information should male white Oct. 9. 1878 married 10A. USUAL OCCUPATION (Givekind of) IOB. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? painter (rtd Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adnorn J.Swift Mary Rogers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of cervice) SECURITY NO 217-05-3273 no Mrs. Ida B. Swift - 4835 Windsor Mill Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 2 Ic. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WORK AT WORK 1933, to 13, , 193 Sthat I last saw the 22. I hereby certify that I attended the deceased from . 1933. and that death occurred at 2.534 m., from the causes and on the date stated above. deceased alive on // 23A. SINATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify)
Burial 1/16/53 Loudon Park Cem. Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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ORE CITY HEALTH DEPARTMENT

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В	RTH NO.		CERTIFICAT	E OF DEATH	Registered N	O'AU.O
1. (T	NAME OF DECEASED (Jacob)		oT mobile	xu vsev d	2. DATE OF DEATH	13-53
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE	Where deceased lived. If i	nstitution : residence before admission
H	OSPITAL OR		ution, give street address or location)		If outside corporate limits	, within BURAL and Five
1	Umon Men	oreal	Hospital	VSaltemore E	- Lde GON	0
-	Length of stay in Baltimore		Yrs. Mos. Days		son ave.	
	Male White	WIDO	LE, MARRIED, WED, DIVORCED (Specify)	Jan. 26, 1910	9. AGE (In years Moral last birthday) Moral last birthday	Under I Year H Under 24 Hours nths Days Hours Min.
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	Machinist anserd.	Stee	el	Maryland		USA
			(62)	14. MOTHER'S MAIDEN	NAME	
16	Britton Townsend . WAS DECEASED EVER IN U. S. ARMED	FORGERS	(is soon	Mary Anna Goodman		
(Ye	e, no or nnknown) (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
-				Mrs. Marie L. T	ownsend-4320 I	Alderon Ave.
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WITH especially important. RITE 2 PLEASE,

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24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial MT. OLIVE

LOCAL REGISTRAR VS 150

DATE RECEIVED BY

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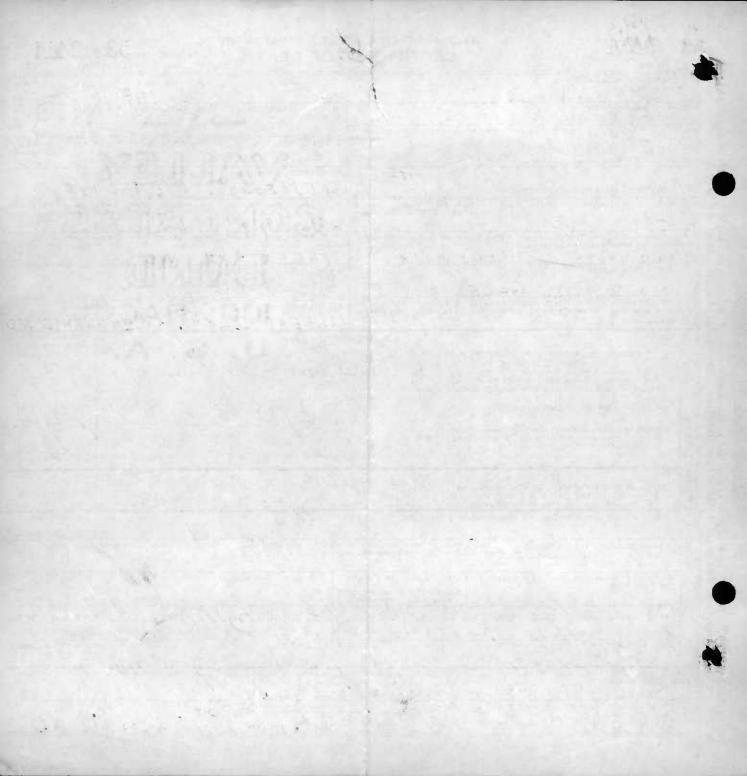
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3 0404	BALTIMORE CITY HEALTH DEPARTMENT
C) C) SMALLSE	CERTIFICATE OF DEATH
BIRTH NO.	OLICIA TORCIE OF DEATH

Registered No. 0414

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DATE RECEIVED BY REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR AUII ADDRESS						
JANGS 1958 Huntington Miliams My has P. Towell Windson Mill RD	,	JAN 15 1958 Tuntington Villagus My	as & Towell Windson Mills (KD)			



UNITED STATES STANDARD CERTIFICATE OF DEATH



Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.-The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation. In stating the occupation, avoid the use of such indefinite terms as "employee." "worker." "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill." etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

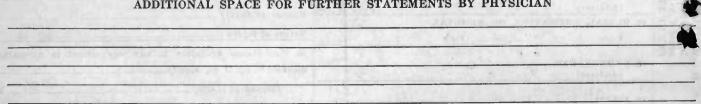
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of ons
Arteriosclerosis	1915	Attack of epilepsy	1 week ag
Chronic interstitial nephritis	1921	Run over by street car	1 week ag
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ag
Other contributory causes of importance:		Other contributory causes of importance:	119.6
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



1 5	BALTIMORE CITY HE CERTIFICATION	E OF DEATH Registered No.	3 0416			
	. NAME OF DECEASED Type or Print) WALTER HARRIS	2. DATE OF Jan. DEATH	14, 1953			
oli A	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE Maryland B. COUNTY	titution : residence before admission)			
	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION University Hospital		wite RUIML and give township)			
carefully egibly.	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
egie	Length of stay in Baltimore Days S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	617 W. Mulberry Street	der 1 Year II Under 24 Hours			
pp	Male Colored WIDOWED, DIVORCED (Specify)	last birthday) Month	Hours Min.			
should early ar	OA, USUAL OCCUPATION (Givekind of rk done during most of working life, even if retired) 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT COUNTRY!			
ath cl	3. FATHER'S NAME	14. MOTHER'S MAIDIN NAME				
of of CY	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (if yes, give war or dates of service) SECURITY NO.	17. INFORMANT 617 ADD	0 / 1/1			
of	18. 391.0 CAUSE	OF DEATH	INTERVAL DETWEEN			
rery item te the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Bilateral acute otitis media					
Ever	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
	ANTECEDENT CAUSES (B)					
please TION						
DING ians: I	(C)					
UNFADING Physicians: CERTIFICA	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
het .1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?			
important.	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	e exact location)			
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK					
PLATI	22. I certify that I took charge of the remains described of	above, held an autopsy Autopsy, Inspection or Inquiry	thereon and from			
TE	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the Σ , accident \square , suicide \square , homicide \square , und	determined .			
age is	23A. SIGNATURE REFERENCE N	236. CHIEF MEDICAL EXAMINER	14, 1953			
20 25	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specify)		county) (Sute)			
PLEA	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS			

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RVRAL and give C. CITY OR JOWN INSTITUTION legibly Yrs. O. STREET ADDRESS (If raral, give location) Mos. c. Length of stay in Baltimore 45 Mars Days 9. AGE (In years If Under I Year last, birthday) Months Days Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 8 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or noknowo) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH
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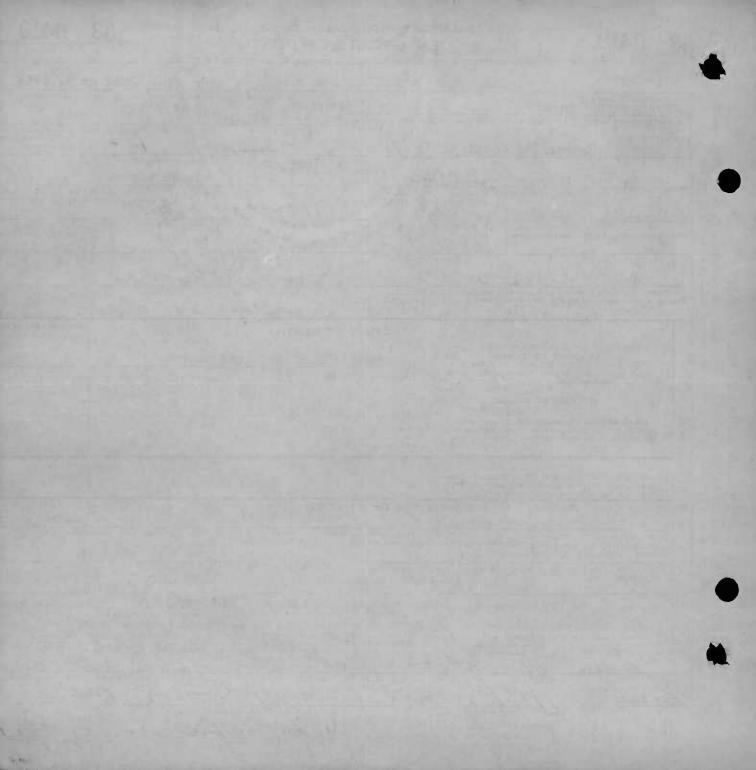
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C	RTH NO.	CERTIFICAT	E OF DEATH	Registered No	044.8
(T	NAME OF DECEASED Carolin	i Jackes	W		cery/3 195
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in:		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution: residence before admission)
H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSFITAL OR iNSTITUTION)			outside corporate limits,	ve township)
c.	Length of stay in Baltimore	months Mos. Days	1.00	rurai, give location)	
II	SEX 6. COLOR OR RACE 7. SI	NGLE. MARRIED. DOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If the	der I Year If Under 24 Hours hs Days Hours Min.
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13	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
15 (Ye	6. WAS DECEASED EVER IN U. S. ARMED FORCE 8, no or noknowo) (If yes, give war or dates of servi	16. SOCIAL SECURITY NO.	17 INFORMANT	ADI	DRESS
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MEDIC		. PLACE OF INJURY (e. g., i bome, farm, factory, street, office bldg.,	o or 21C. WHERE DID (I etc.) INJURY OCCUR?	f in Baitimore City, giv	e exact iocation)
2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
	22. I hereby certify that I attended deceased alive on 3, 199	the deceased from			that I last saw the
	23A. SIGNATURE DA	1 M. O. 2	38. ADDRESS	oline St	23c. DATE SIGNED
TH S	AA. BURIAL, CREMA- DN, REMOVAL (Specify) AM, 15 5	24c. NAME OF CEMETE	Hor	LICK Our	ginia
	ATE RECEIVED BY REGISTRAR'S SIGN	Williams Are	25. FUNERAL DIRECTOR	Ellevil vi	Aughter
	Vs 150		1129n: Car	line St.	0

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before admission)

(If rural, give location)

AGE (In years | H Under 1 Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. If Under 24 Hours

12. CITIZEN OF

NTERVAL BETWEEN ONSET AMO OFATH

ADDRESS

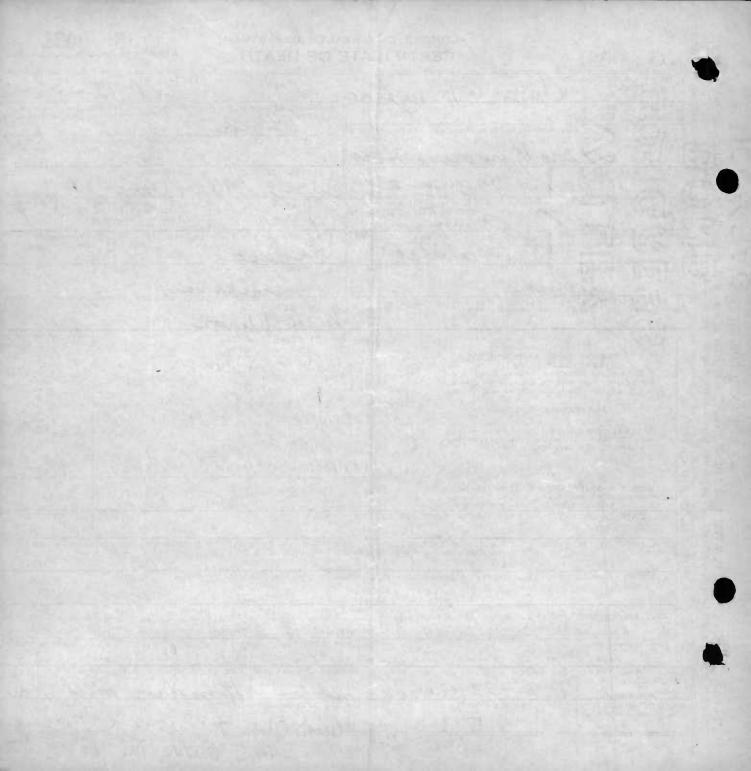
WHAT COUNTRY?

28c. DATE SIGNED

20. AUTOPSY

(If in Baltimore City, give exact location)

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) HAFRED.J DEATH JAN-14-1 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 3605 -A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) A Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR E (State or foreign country) 11. BIRTHPLAC 12. CITIZEN OF work one during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ARPENTER. ORT HOLABI TIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 2011 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., H 245 heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES arteriorelevotre C.V. Discus DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID ō LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WORK AT WORK 22. I hereby certify that I attended the deceased from Oct - 1951, 19, to 1922, that I last saw the deccased alive on 12. 1947, and that death occurred at 1,30 A.m., from the causes and on the date stated above, 23A, SIGNATURE 23B, ADDRESS 23c. DATE SIGNED 1-11-5 BURIAL, CREMA-, REMOVAL (Specify) 24c. NAME OF CEMETERY 24D. LOCATION (City, town, or county) DATE RECEIVED BY FUNERAL DIRECTOR SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

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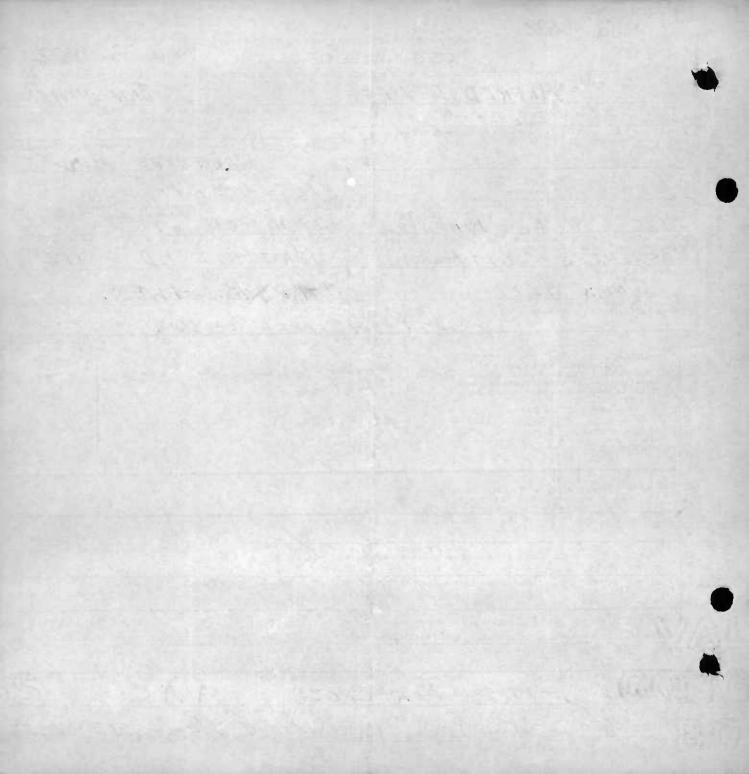
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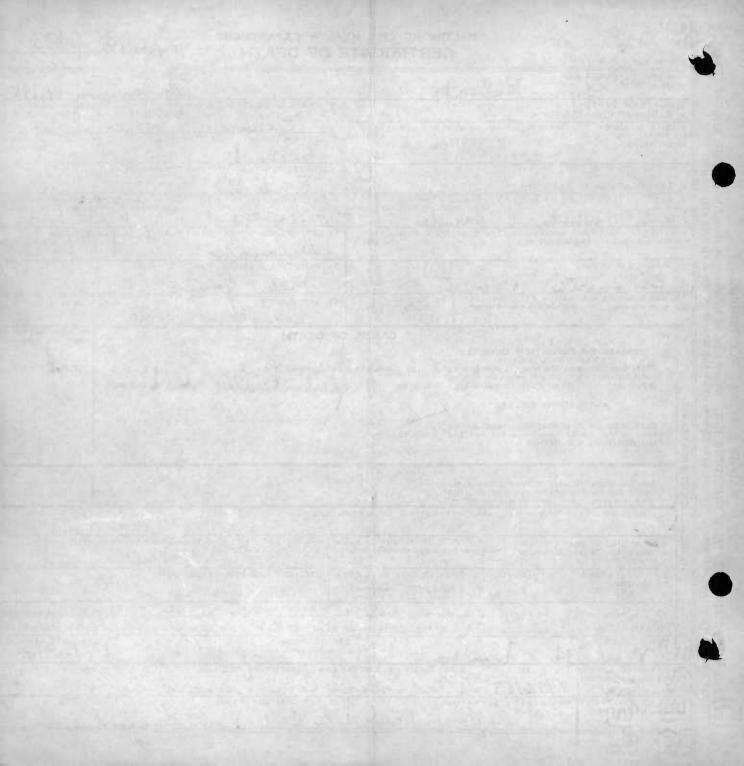


ALE Releases BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) fully supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased) ed. If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION, legibly, Yrs. (If rural, give location) O. STREET ADDRESS Most Life c. Length of stay in Baltimore Day information should be of death clearly and 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, BYVORCED (Specify) Widow 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY Domestic Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown Archie Colling 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO causes NO Thomas Guinn 1208 Nolan Ct INTERVAL BETWEEN item he cau 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., CERTIFICATION APPROVED BY heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING CHIEF OR ASST. MEDICAL EXAMINER. RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOFSY important. 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WORK AT WORK 1953 to 1923 that I last saw the 22. I hereby certify that I attended the deceased from_ _, and that death occurred at 4.05 deceased alive on. 19_ n., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) PLEASE correct ag 1953 Mt Calvery Brooklyn Md. Cem. ADDRESS DATE RECEIVED BY 250FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) RIFFIN efully supplied WAYNE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C HOSPITAL OR location' C. CITY OR TOWN (If outside corporate fir. ts. write RUPAL and give INSTITUTION township) legibly. Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore val Davs information should be 6. COLOR OR RACE | 7. SINGLE, MARRIED AGE (in years | Months | Year | Hours | Min. 5. SEX 8. DATE OF WIDOWED, DIVORCED (Specify Nov. 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME lein we b 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give wer or dates of verylee) 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) ADDRESS SECURITY NO em of i y item 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING 1 Physicians: pl (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTQPSY LY, WITH important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK -14-53, 19_, that I last saw the 22. I hereby certify that Lattended the deceased from. -19_ . to_ deceased alive on. and that death occurred at_il Im., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED PLEASE correct ag 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Dura DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERALIDIRECTOR ADDRESS VS 150

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ed.	1. NAME OF (Type or Print
supplied	3. PLACE OF A. Baltimore
ully su	B. FULL NAM HOSPITAL OF INSTITUTION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 0437

ed. Ti	1. NAME OF DECEASED (Type or Print) Pietro Bosco	of Death Jan.14 1953			
fully supplied y.	a. Baltimore City, Maryland 510 Chestnut Hill B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before ndmission) Maryland C. CITY OR TOWN (If outside corporate limits, write LURAL and give township)			
should be fu	c. Length of stay in Baltimore 39 Yrs. Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	D. STREET ADDRESS (If rural, give location) 510 Chestnut Hill Ave 8. DATE OF BIRTH 9. AGE (In years) If Under I Year II Under 24 Hours			
	Male White Married 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Owner retited	Oct.18 1883 69 2 27 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
rmatic	13. FATHER'S NAME Domenico Bosco	14. MOTHER'S MAIDEN NAME Teresa Cifolini			
n of info	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Anna Bosco 510 Chestnut Hill Ave OF DEATH			
Every item of i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	men Occlesien Fiss			
ING INK. ns: please	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. D DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO				
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	earlitis - Years			
LY, WITH mportant.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT, SUICIDE. 21a. ACCIDENT, SUICIDE. Bout home, farm, factory, street, office bidg.,	in or 21c, WHERE DID (If in Baltimore City, give exact location)			
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK ATWERK				
TE PL.	deceased alive on soul A 1953, and that death occu	rred at 6 A m., from the causes and on the date stated above.			
SE WR	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	INSS. Vaul S- 1/53 ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
PLEASE correct a	DATE RECEIVED BY REGISTRAR'S SIGNATURE TO THE LOCAL RECEIVED BY HUTTINGTON WITH THE PROPERTY OF THE PROPERTY O	er Cemetent 4430 Belair Rd. Professional Director 4000 322 S. High St.			
					

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 0428

BIRTH	NO.						
1. NAM (Type o	ME OF DECEASED or Print)		A THIND	ATICHEM	GUS)	2. DATE OF	21 2000
FERENCSUHA, AUGUST (DEATH Janua:			
	timore City, Ma	ryland			A. STATE	B. COUNTY	before admission)
B. FUL	L NAME OF (If	not in hospita	l or institut	ion, give street address or location)	I.	aryland (If outside corporate limit	1990
DOCOCO	TAL OR			location)	c. CITY OR TOWN	(If outside corporate limit	sewrite CURAL and give township)
11.7		St.	Joseph	s	F	altimore &	
7 1				Yrs. Mos.	D. STREET ADDRES	S (If rural, give location)	
c. Len	gth of stay in B	altimore	3 v	Days	1	240 N. Curley St	
5. SEX	6.COLO	R OR RACE	7. SINGLE	E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Mo	Under I Year If Under 24 Hours onths Days Hours Min.
3/	W			rried	18	75	itolis, 15kys 110dis, Milli.
10A. U	SUAL OCCUPATIO	N (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (St		12. CITIZEN OF
	during most of working life hinist	e, even if retired)	Mack	industry ninery			WHAT COUNTRY?
-	THER'S NAME		ana CI	Truer'	Austria-Hu	ngary I	
	liam Fere	neguha					
					Agnes Vis	aoscn	
(Yes, no o	S DECEASED EVER II	U, S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS 1240
				136-05-1440	AMrs. Anr	a Ferencsuha,	N. Curley S
ERTIFICATION	DISEASES OR CON RISE TO THE ABOVE UNDERLYING COI OTHER SIGNIFICA TRIBUTING TO THE	DENT CAUSI IDITIONS, IF CAUSE (A) NDITION LAS	ANY, GIVIN STATING TH ST.	(B)Cong		°e	=
	O THE DISEASE OF			FINDINGS OF OPER		i i	20. AUTOPSY?
AL.	OF OFERE	0	D. IIIAOON				YES NO TE
HI LY	A. ACCIDENT WAS ING OR CONTR			ACE OF INJURY (e. g., farm, factory, street, office bldg.,			
210	o. TIME (Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID I	NJURY OCCUR?	
OF OF	INJURY		m.	WHILE AT NOT WHILE			
	7 7 7 .14	.7 . 7				N. T	17
22	· I hereby certify	that I atte	ended the	deceased from Jan	12ry 3 19 5	to January 14, 1953	, that I last saw the
		Jan. 14	, 19_53,			from the causes and on th	
23	SIGNATURE	Den .	0-1:	- 2-2/-	23B. ADDRESS		23c. DATE SIGNED
24	e suaceco	Juni	- ju			ine St. 24d. LOCATION (City, town,	Jan. 14. 53
TION, R	BURIAL, CREMA- EMOVAL (Specify)	4B. DATE				24b. LOCATION (Oity, town,	or county) (State)
11	urial	_/	53	Holy Redeen	or fem	Baltimore, Ma	ryland
LOCAL	RECEIVED BY F	REGISTRARIS	A PROFESSION	IRE ///	25. FUNERAL DIBE	CTOR	ADDRESS
10	N 1 5 1953	June	nglow,	Vitualist M.	Leona bit	Ruck, 5305 Ha	rford Road.

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PLEASE correct ag

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DEATH Jan. 13, 1953

(If outside corporate Mnits, write RURAL and give

2. DATE

4. USUAL RESIDENCE (Where deceased lived, If institution : residence

B. COUNTY

1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF INSTITUTION

420.1

(If not in hospital or institution, give street address or

William H. Deal

1600 N. Milton Ave.,

life

6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) white married

10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR Sheet Metal work done during most of working life, even if retired) Sheet Metal Worker

William H. Deal

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

Yrs. Mos.

Davs

Annie Maria Bernard 17. INFORMANT

Mrs. Alice Deal, 1600 N. Milton Ave.

A. STATE

c. CITY OR TOWN

8. DATE OF BIRTH

April 3, 1886

CAUSE OF DEATH

21c. WHERE DID

INJURY OCCUR?

238. ADDRESS

Greenmount Cemetery,

21F. HOW DID INJURY OCCUR?

1952 to 9-30

Baltimore, Md.

Baltimore.

DUE TO

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION

218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING□ OR CONTRIBUTING□ CAUSE OF DEATH

210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 9-16 9-30 deceased alive on____ . 1952, and that death occurred at_ 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Jan. 16 1955

Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

O. STREET ADDRESS (If rural, give location) 1600 N. Milton Ave.

9. AGE (In years If Under 1 Year last birthday) Months! Days Hours Min. 11. BIRTHPLACE (State or foreign country)

12, CITIZEN OF D'S A COUNTRY

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY

(If in Baltimore City, give exact location)

, 1952 that I last saw the

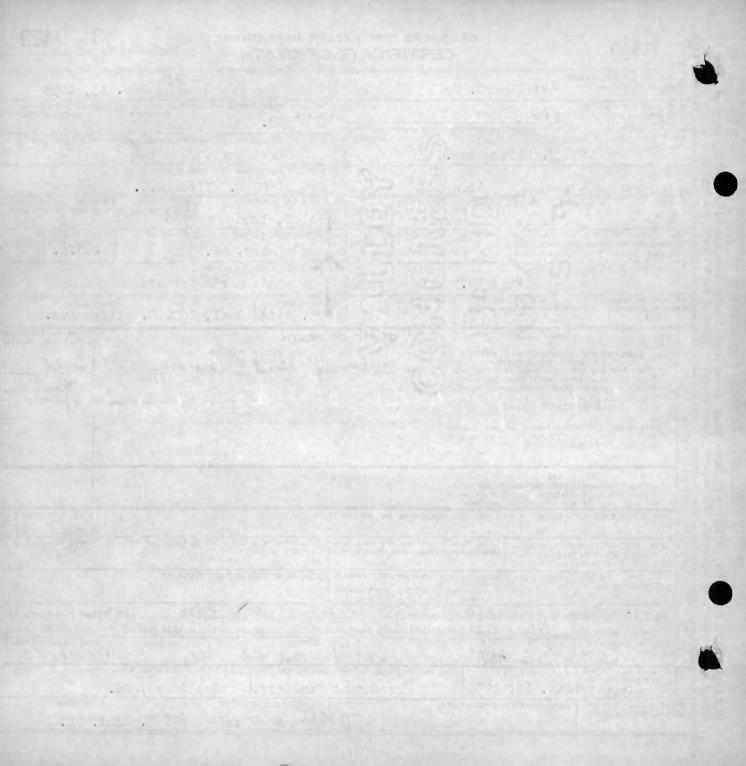
_m., from the causes and on the date stated above. 23c. DATE SIGNED

24C. NAME OF CEMETERY OR CREMATORY | 240. LOPATION (City, town, or county)

Baltimore, Md.

501 E. 22nd. St.

VS 150

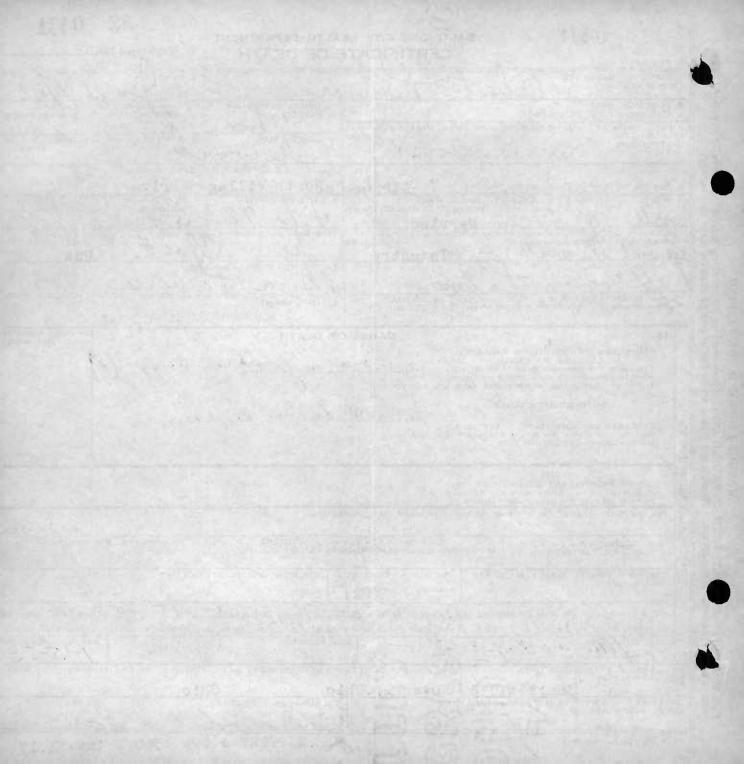


Ined. Exam Case BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH JAN PAYMONO sfully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate amis C. CITY OR TOWN INSTITUTION TOHNS HOPKINS HOSPITAL Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Several Davs should be 6. COLOR OR RACE SINGLE, WARRIED, WIDOWED DIVERCED (Specify) AGE (In years last birthday) | Months; Days | Hours; Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR THPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired). INDUSTRY information s of death cle 13. FATHER'S NAME MAIDEN NAME (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. IOHNS HOPKINS HOSPITAL 50-24-7008 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Sobanuch (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21c. WHERE DID 2 18. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from / - //-, 1953that I last saw the 1953 to 1deceased alive on 1 - 12-, 1953, and that death occurred at 2 45 Am., from the causes and on the date stated above. 238. ADDRESS HOPKINS HOSPITAL 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL CREMA-TION REMOVAL (Specify) 24D. LOCATION (City, town, or county) (State) 48. DATE 4C. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATUR LOCAL REGISTRAR VS 150

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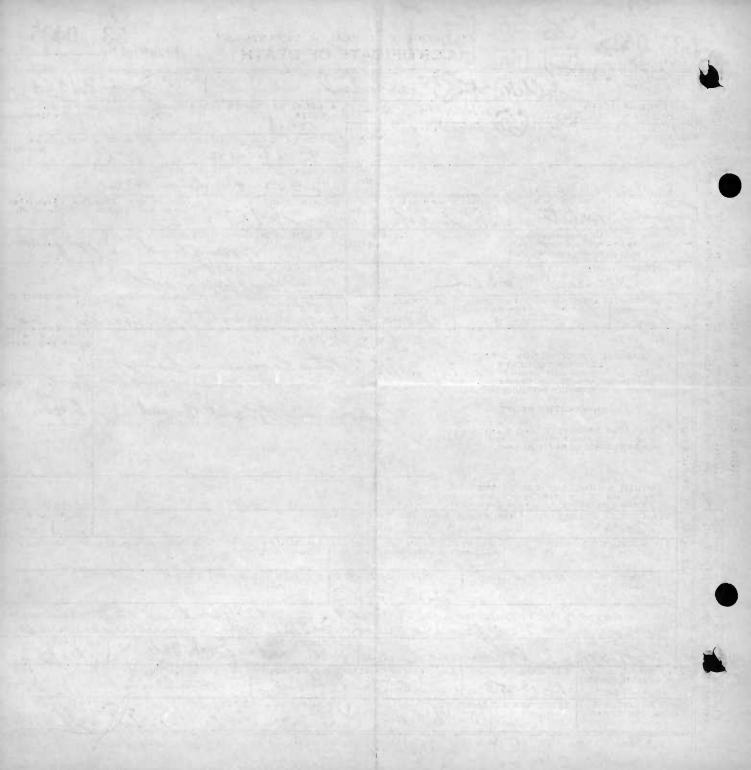


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF Ada G. Mills DEATH efully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland. HOSPITAL OR location) (If cutside corporate limits, write RURAL and give INSTITUTION Baltimore legibly. Luthern Hospital of Maryland Yrs. D. STREET ADDRESS (If rural, give location) XXX c. Length of stay in Baltimore 3224 Normount AYO 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH AGE (In years | ii Under 1 Year | ii Under 24 Hours last birthday) | Months; Days | Hours | Min. 9. AGE (In years) WIDOWED, DIVORCED (Specify) pluods Female White July 3,1884 information shoul 10a. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Telephone Operator Pittsburgh, Pa. 14. MOTHER'S MAIDEN NAME BINDING MeMichaels 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. causes Anslie Rumney 5157 Frederick Ave Every item 434.3 INTERVAL BETWEEN 18. CAUSE OF DEATH FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 2Ic. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from 19) to 1/13 _, 19 2, that I last saw the , 19 3. and that death occurred at 03 WRITE deceased alive on 1 m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) Lorraine Park Burial Balto, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR G. Howard Strong 3207 W. North Ave VS 150

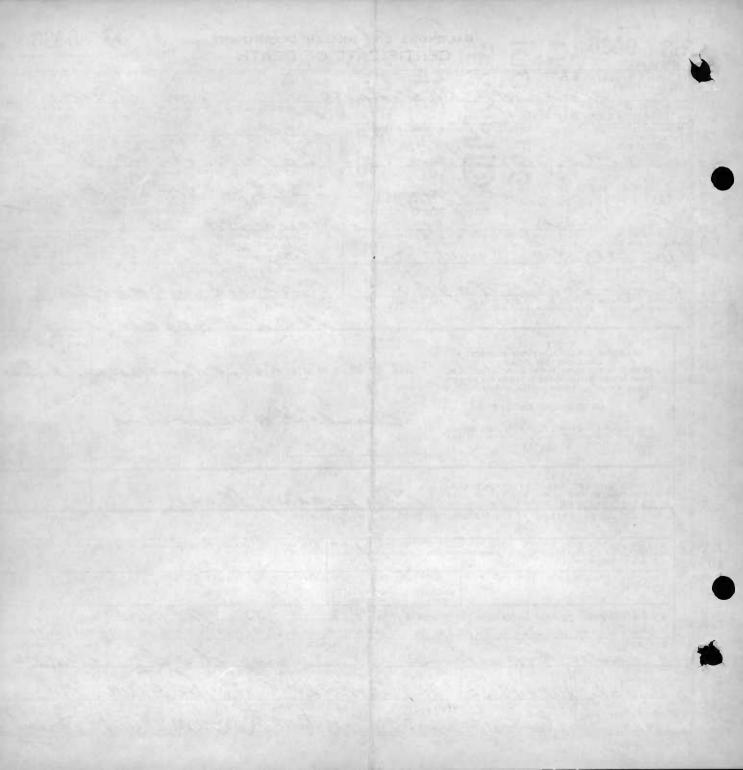
STATE OF THE 17572171443 To Contract to the \$4000 TITTO

BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF JOHN CONTAI WERER supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where decease lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' arefully C. CITY OF TOWN (If outside corporate limits, write HURAL and give INSTITUTION township) Union legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Avenue. Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year last birthday) Months! Days Hours: Min. WIDOWED, DIVORCED (Specify) Mr. 20. 1873 information should of death clearly 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY U. S. A EVERAGE 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnknown) (If yee, give war or dates of service) SECURITY NO causes NONE 10 INTERVAL BETWEEN item CAUSE OF DEATH 18. LL DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS MEDICAL important. 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ecially OF INJURY WHILE AT NOT WHILE . 19.53 to m 15 . 1957, that I last saw the 22. I hereby certify that I attended the deceased from. 15. 19 5 3, and that death occurred at 7:50 Am., from the causes and on the date stated above. deceased alive on_ 23A. SIGMATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURYAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATOR PLEASI correct DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25. LOCAL REGISTRAR REDERI VS 150 290 63

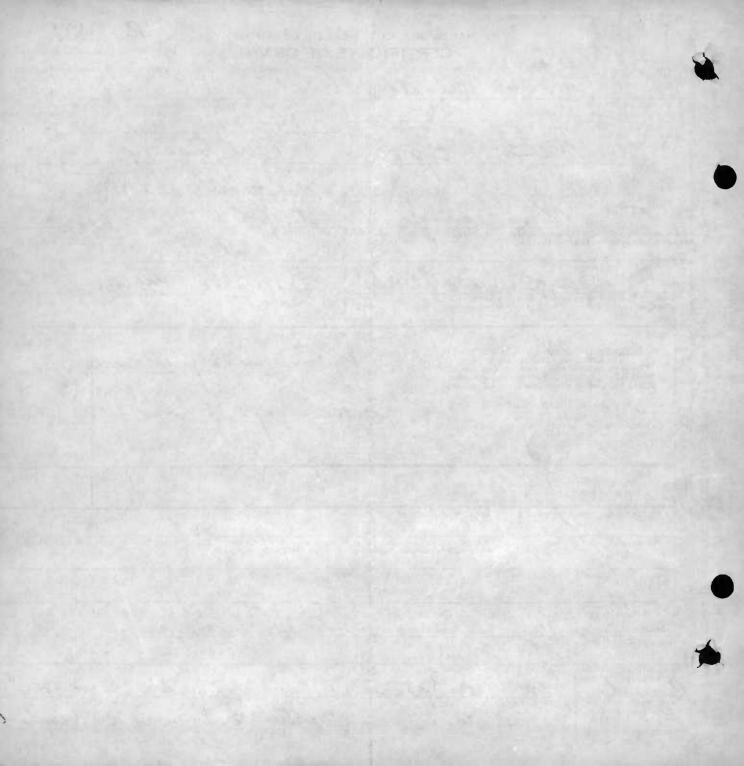
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Registered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased Wed, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) fully C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE BIRTH AGE (In years Il Under 1 Your II Under 24 Hours last birthday) Months: Days Hours Min. 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s LINE OPERATOR DIST. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DISTILLERA 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or onknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or onkoown) SECURITY NO Every item of i INTERVAL BETWEEN 18. CAUSE OF DEAT ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH in Sabacachas, I Namore page 19 days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) Cenabral anautyll CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) IL RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS 20. AUTOPSY WITH 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., io or) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 19 that I last saw the 22. I hereby certify that I attended the deceased from ______ m., from the causes and on the date stated above. deceased alive on /// 1953, and that death occurred at 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATOR 240 town, or county) PLEASE VS 150

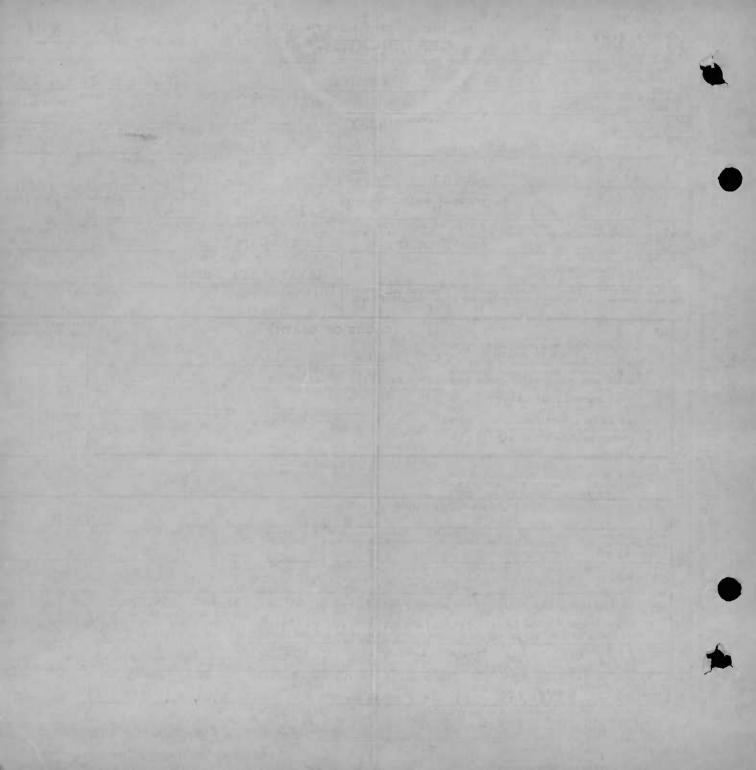


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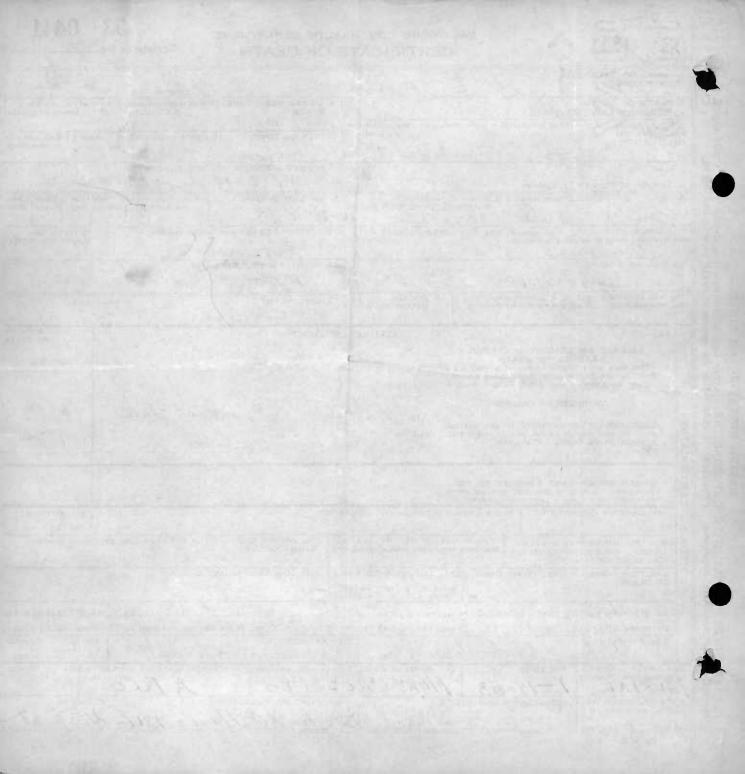
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Charles Barbour January 15, 1953 DEATH refully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland St. Agnes Hospital A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Agnes Hospital Baltimore legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3907 Rokeby Rd. c. Length of stay in Baltimore Davs should be 9. AGE (In years) If Under 1 Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 24 Hours last birthday) | Months: Days | Hours: Min. White Married 6_1_1900 1899 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF done during most of working life, even if setired) WHAT COUNTRY? information Maryland death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Barbour Mary Sapp 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO causes item 260X CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH Every iter DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NLY, WITH important. 21B. PLACE OF INJURY (e. g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK WORK 1952 to 1-15 22. I hereby certify that I attended the deceased from /2 -16 . 1933, that I last saw the 1953, and that death occurred at 12:10 Pm., from the causes and on the date stated above, deceased alive on 1-15 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1-15-53 BURIAL, CREMA-TYN REMOVAL (Specify) 24C/NAME LOCATION (City, town, or county) 248, DATE CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE PUNERAL DIREC ADDRESS LOCAL REGISTRAR alow VS 150

Later ...



11-	5	R NAAN BALTIMORE CITY HE	EALTH DEPARTMENT	53 0440
he	В	IRTH NO. ITVIN CERTIFICATI	E OF DEATH	Registered No.
UNFADING INK. Every item of information should be refully supplied Thysicians: please write the causes of death clearly and legibly.		NAME OF DECEASED TRUIN HOFMANN		OF 1 1553
	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution give street address or	4. USUAL RESIDENCE (Where d	eceased lived. If institution; residence before admission
	H	STITUTION Lutheran Hospital of Wed.	C. CITY OR TOWN (If outside	e corporate limits, write RURAL and give township
	C.	Length of stay in Baltimore Life Yrs. Mos. Days	man ar di	give location)
		SEX 6. COLOR OR RACE 7 SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. A	GE (In years II Under I Year II Under 24 Hours st birthday) Months Days Hours Min.
	10 wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) STUDENT INDUSTRY	11. BIRTHPLACE (State or foreign	
	13	FATHER'S NAME SWIN Y Holmann	Matilda R:	690.44
	15 (Ye	S. WAS DECEASED EVER IN U. S. ARME (CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS ADDRESS
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A)	odghin's Pries	INTERVAL BETWEEN ONSET AND DEATH
	TION	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
	CA	UNDERLYING CONDITION LAST.		
	EDICAL CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
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TE Pr VLY, WITH especially important.		21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., e	or 21c, WHERE DID (If in B INJURY OCCUR?	althmore City, give exact location)
	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURRE OF INJURY MILLE AT WORK AT WORK		UR?
		22. I hereby certify that I attended the deceased from 1 6/53, 19, to 1/5/5, B, that I last saw the deceased alive on 1/15, and that death occurred at 4 9 n., from the causes and on the date stated above.		
WRITE Is esi			Julian Ho	1/15/53
PLEASE correct 2	TI	AA. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETER 2	Com. Toulo	ON (City, town, or Jounty) (State) Over Rollo Med.
PLEAS	L	ATE RECEIVED BY REGISTRAR'S SIGNATURE JAN 16 195" Huntington With the sign side	25. EUNERAL DIRECTOR J.	- 243/ East alive St.
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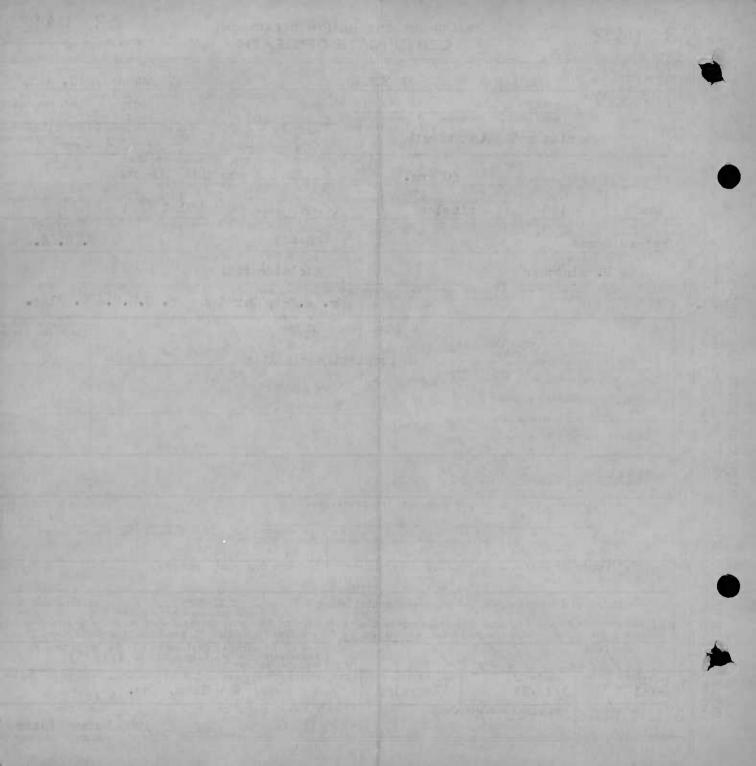
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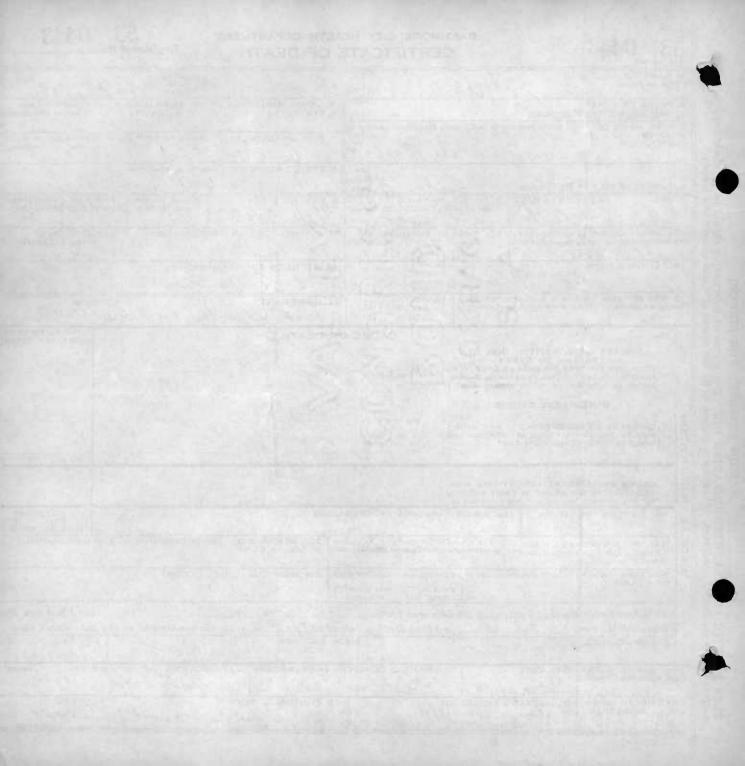
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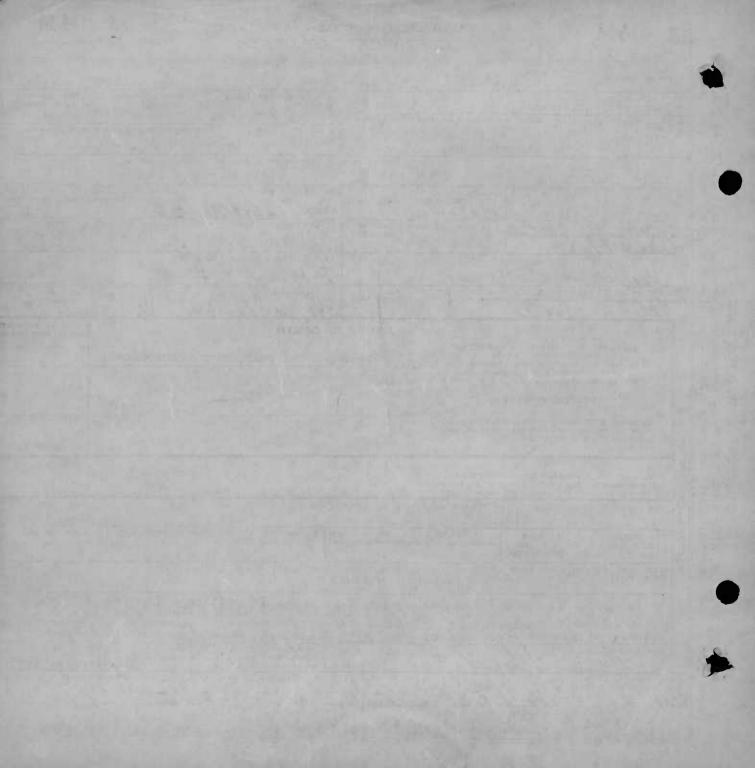
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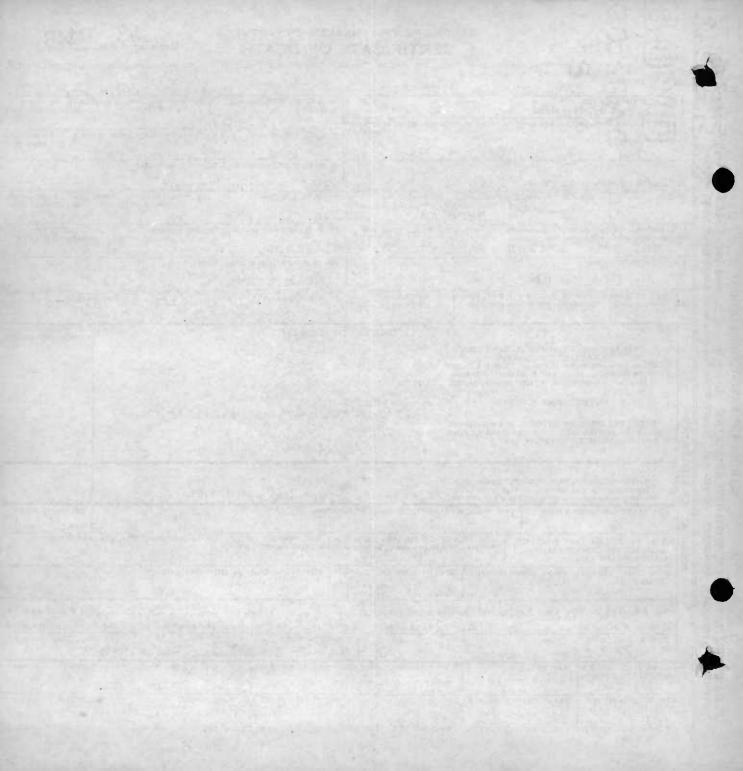


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9)		3 04443 CERTIFICAT	EALTH DEPARTMENT E OF DEATH Registe	53 0443 red No.————	
To the second	1.	NAME OF DECEASED When I Was I Wine	lu 2. DATE OF DEATH	un 14, 1957	
upplie	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased live A. STATE B. OUN		
efully supplied	H	FULL NAME OF (If not in hospital or institution, give street address or location) SSPITAL OR STITUTION Municipal Memorial Hospital Monthson of the street address or location.		limits, write RURAL and give township)	
legik	c.	Length of stay in Baltimore Length of stay in Baltimore Length of stay in Baltimore	D. STREET ADDRESS (Is rural, give location 1/42 Daulery Que	on)	
nd h	4	SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. WIDDWED, DIVORGED (Specify)	8. DATE OF BIRTH 9/AGE (In yet last birthday	ars if Under 1 Year If Under 24 Hours y) Months Days Hours Min.	
NDING information should so of death clearly	worl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) Will bo	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY	
NG ormati death		Lewis Windle	14. MOTHER'S MAIDEN NAME	/	
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FOR y item the car		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) DUE TD	Cit Enderadiles	INTERVAL BETWEEN DNSET AND DEATH	
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Alla		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	9		
RITE PI		deceased glive on 14, 1953. and that death occu	rred at TIPP m. from the causes and		
So	24	M.D.	23B. ADDRESS Alliam YT - 1974 Alliam YT - ERYDB CREMATORY 24D. LOCATION (City,	town, of county) (State)	
PLEASE correct	24A. BURIAL, CREMA- TION, REMOVAL (Specify) LIM / 1/960 DATE RECEIVED BY REGISTRAR'S SIGNATURE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county) LIM / 1/960 ADDRESS				
PL		JAN 16 1953 Huntington Williams, M.	My German Elling 14"		
		VS 150 940	55		





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) JOHN JOSEPH CAULFTELD DEATH Jan. efully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) South Balto.. General Hosp. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Street Days should be 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | Woder | Year | Woder 24 Hours | Months: Days | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Married Jan. 1, 1903 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTR WHAT COUNTRY rork done during most of working life, even if retired) information s Sheet metal worker Airplane Baltimore, Md. Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Caulfield Sarah Conway 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 714 Madeira Stropes -5 (Yes, no or unknown) SECURITY NO causes no Mrs. Catherine A. Caulfield Jo INTERVAL BETWEEN 18. LL CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY e : LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: pl OTHER SIGNIFICANT CONDITIONS CON-Tular tons: 11. te: TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! TE PI especial 22. I hereby certify that I attended the deceased from 1- 5 / - 14, 1953, that I last saw the 195 5, to RITE 4:20 am., from the causes and on the date stated above. deceased alive on /- / 4 - 1953, and that death occurred at 23A. SIGNATURE 23B ADDRESS 23c. DATE SIGNED .200 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24C. NAME OF PLEASE burial CEMETERY Baltimore, Md -DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR! **ADDRESS** LOCAL REGISTRAR SANDER & SONS. VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF -13-53 harles fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION HOSPITAL UNIVERSITY should be fu 13ALTIVLOKE D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore 1011 Brantle Aur Days 6. COLOR OR RACE 5. SEX 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. NEGRO MAKRIED information shou of death clearly 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dope during most of working life, even if retired) 1 INDUSTR WHAT COUN ha bover 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or lates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO MI 13-07-509 10 INTERVAL BETWEEN Every item 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY MEDICAL important. Appendicael abscess YES 218. PLACE OF INJURY (e. g., In or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK 1-12/2 1953 to 1- 13 , 1953 that I last saw the 22. I hereby certify that I attended the deceased from 1-12-12, 1933, to 1-13, 1933, that I last saw the deceased alive on 10 25, and that death occurred at 144m., from the causes and on the date stated above. RITE 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED University Hospital 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DAT 24D. LOCATION (City, town, or county) mal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1449

CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED Jan. 14, 1953 (Type or Print) HARRIS OF HEDI FY Hillard DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland Balto. A. STATE Maryland (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore Franklin Square Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 235 N. Fulton Avenue c. Length of stay in Baltimore 28 Yrs. Days 6. COLOR OR RACE AGE (In years | H Under | Year | H Under 24 Hours | Months; Days | Hours | Min. 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) It Under 24 Hours WIDOWED, DIVORCED (Specify) Male Colored 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Litleton N.C. Skill Laborer Sparrow 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harris Creasy John Harris 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Martha Harris 235 N. Fulton Ave No INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Asphyxia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO Carbon monoxide poisoning injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. INJURY OCCUR? about bome, farm, factory, street, office bldg., etc.) 235 N. Fulton Avenue UTING IT CAUSE OF DEATH. home OF INJURY, 1953 3:00 A. 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE 3:00 A.m. Asphyxia during conflagration WORK inspection & inquirereon and from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes \square , accident Σ , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. Jan. 14, 1953 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B, DATE TION, REMOVAL (Specify) 18/1953 Littleton N.C. Buria Littleton No Bran MUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE

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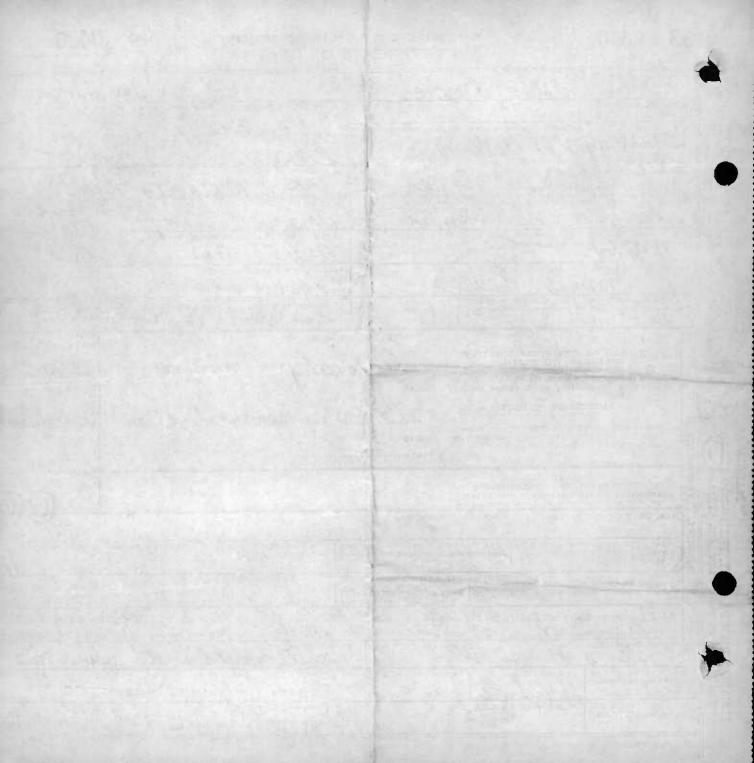
WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

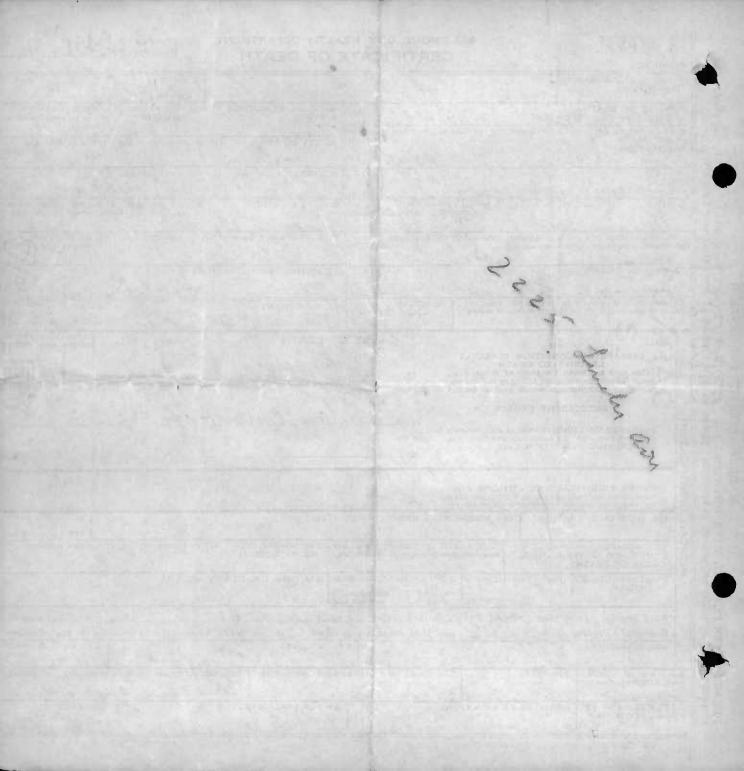
20. AUTOPSY

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF ully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED BIRTH 8. DATE If Under I Year 9. AGE (In years) II Under 24 Hours last birthday) Months: Days WIDOWED, DIVORCED (Specify) Hoursi Min. 10A. USUAL OCCUPATION (Givekind of 108-KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY? information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. causes 18. 434. INTERVAL BETWEEN y item CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Ever heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. DICAL 21A. ACCIDENT WAS UNDER-21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I hereby certify that I aftended the deceased from that I last saw the TE 19 5 deceased alive on i Pand that death occurred at _m., from the causes and on the date stated above. 23A. SINATURE 23B.ADDRESS 24A. BURIAL, OREMA-24B. DATE 24C NAME OF 24D. LOCATION (City, town, or county) MON, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Shows VS 150



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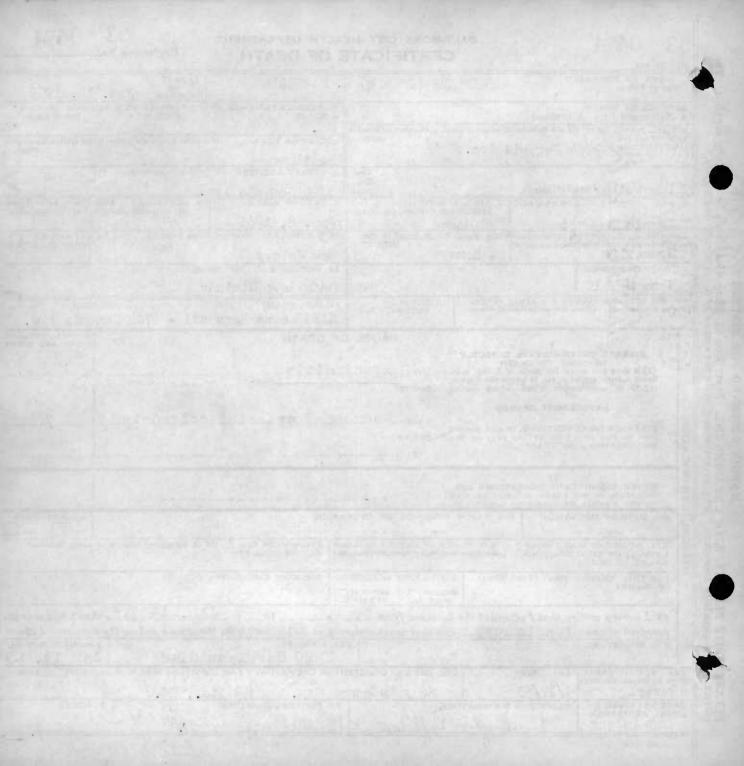
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BALTIMORE CITY HEALTH DEPARTMENT

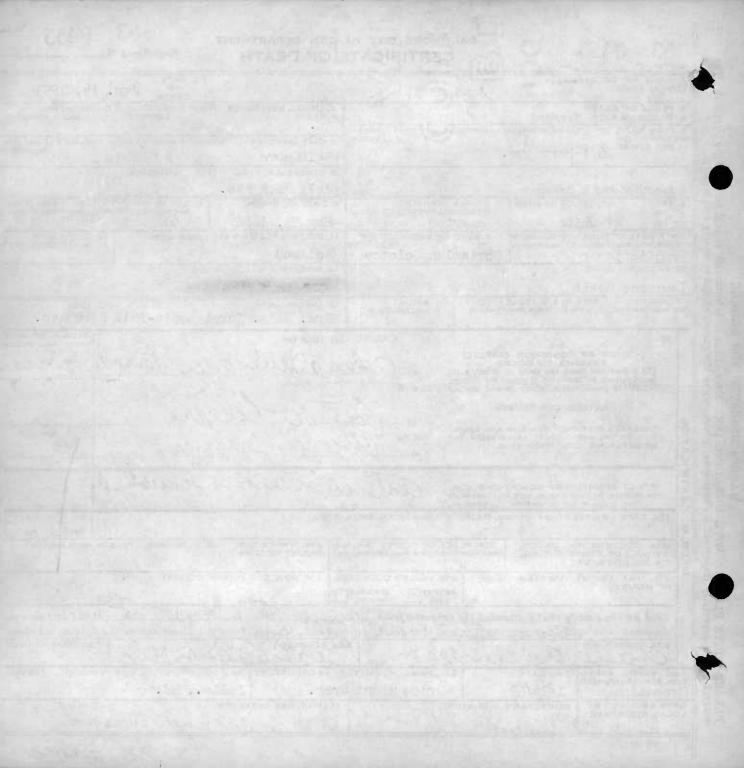
	BIRTANO. 0453 CERTIFICAT	E OF DEATH Registered No.	0453				
	1. NAME OF DECEASED (Type or Print) Vincent Yurcral	2. DATE OF DEATH Com.	14-1953				
	S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased fived, If ins A. STATE B. COUNTY					
	HOSPITAL OR INSTITUTION location	Balto. City 25	write RURAL and give				
	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural dive location)					
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. Whole Widowed (Specify Widowed)		der 1 Year If Under 24 Hours hs: Days Hours Min.				
-	10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY Dur Font 13. FATHER'S NAME	Poland	2. CITIZEN OF WHAT COUNTRY				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADD	RESS L St				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ulmany Edema	INTERVAL BETWEEN ONSET AND DEATH				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) A.S.C.V.D. & Gargathie Heart (B) DUE TO CO Tailus - Hendrah is Arthurshum						
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
1	, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?				
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.		exact location)				
	21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY m. WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from deceased alive on 174, 1953, and that death occu	rred at 10:57 Pm., from the causes and on the	date stated above.				
/	Allosnowshi MD. M.D.	4016 Cetches Hurry #25	23c. DATE SIGNED				
	24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) Burial 24b. DATE 24c. NAME OF CEMETE 24c. NAME OF C	A.A. Co.	md.				
	DATE RECEIVED BY HEGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR A	DDRESS				

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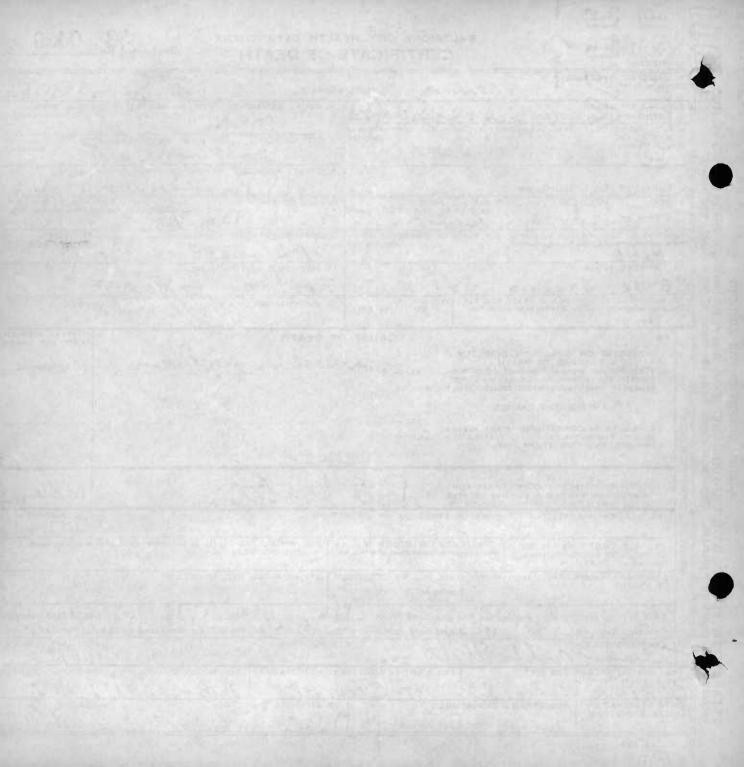
The	5 BI	3 045 RTH NO.	54		TIMORE CITY HE	EALTH DEPARTMEN E OF DEATH	NT 53 Registered N	
		NAME OF D	ECEASED	GENEVI	EVE (JENNIE) E	E. MARSHALL	2. DATE OF DEATH Jan	. 14, 1953
ully supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 3704 Sequoia Ave.			A. STATE Md. C. CITY OR TOWN	(Where deceased lived. If is COUNTY) (If outside corporate limits	nstitution : residence before admission)		
legrol.		c. Length of stay in Baltimore 5. SEX 6.COLOR OR RACE 7. SINGLE, MARRIED,			Baltimore D. STREET ADDRESS (If rural, give location) 3701 Sequoia Ave. 18. DATE OF BIRTH 19. AGE (In years) If Under 1 Year If Under 24 Hours			
ld		Female	White CUPATION (Givekind of	Wido	PED, DIVORCED (Specify)	Jan. 8, 1861	last birthday) Mor	nths Days Hours Min.
ion shou clearly	work	OA. USUAL OCCUPATION (Give kind of risk done during most of working life, even if retired) Housewife 3. FATHER'S NAME			New Jersey		12. CITIZEN OF WHAT COUNTRY?	
information of death cle		Joseph Wolf			Genevieve Stei			
em of inform causes of dea	(Ye	NO or unknown)		D FORCES?	16. SOCIAL SECURITY NO.	Miss Leona Mar	shall - 3704 S	
Every it write the		(This does heart failu	SE OR CONDITION LEADING TO DEA inot mean the mode ire, asthenia, etc. It mes complication which ANTECEDENT CAUS	TH of dying, e. g ans the diseas caused death	(A) MŸOCE	of DEATH		interval Between onset and death about 2 mos.
ADING INK.	TIFICATION	RISE TO T	S OR CONDITIONS, 1 HE ABOVE CAUSE (A) (ING CONDITION LA	STATING TH	IG	nced arterio	sclerosis	3
UNFADING Physicians:	CERTII	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D			
H .		19A. DATE C	OF OPERATION	98, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
Y, WITH	AEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., I		(If in Baltimore City, g	ive exact location)
Þ.	~	21D. TIME OF INJURY	(Month) (Day) (Year	,	21E. INJURY OCCURR WHILE AT WORK AT WORK		URY OCCUR?	
TE PLA		22. I hereb	y certify that I at live on Jan 14	tended the	deceased from Sex and that death occur	rred at 8:45 mass W	Jan. 14, 195	that I last saw the e date stated above.
YRI	20	23A. SIGNA	allis	Dule	M. D.	2220 Garris	on Blvd	Jan 14, L9 or county) (State)
PLEASE correct.	TIG	on, REMOVAL (S Burial	1/17/53		Holy Redeem	er Cem. Ba	Lito. Md.	
PLI	LC	ATE RECEIVE	D BY REGISTRAR	's SIGNATI	Williams M	25 PUNERAL DIRECTS	ickner 48	ADDRESS
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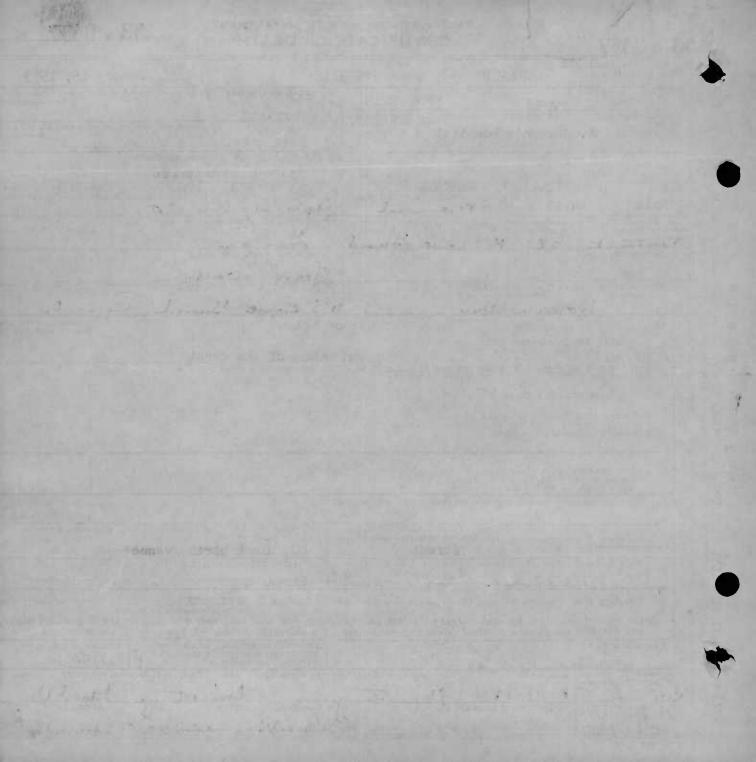
53 0455 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Jan. 14. 1953 John deWit OF ully supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1611 Park Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1611 Park Ave. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year It Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 6/1 May 23, 1888 white married 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Holland information Practictioner Christian Science death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME deGroot Lawrence deWit 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mrs. Eliz. Hurst deWit-1611 Park Ave. causes 18. INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION ... 20. AUTOPSY important. YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baitimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY TRITE PLA NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from_ . that I last saw the - 1952 and that death forcurred at_ deceased alive on the Am.from the causes and on the date stated above. 23A. SIGNATUR 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 1/16/53 Balto. Md. Cremation Green Mount Crem. DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150



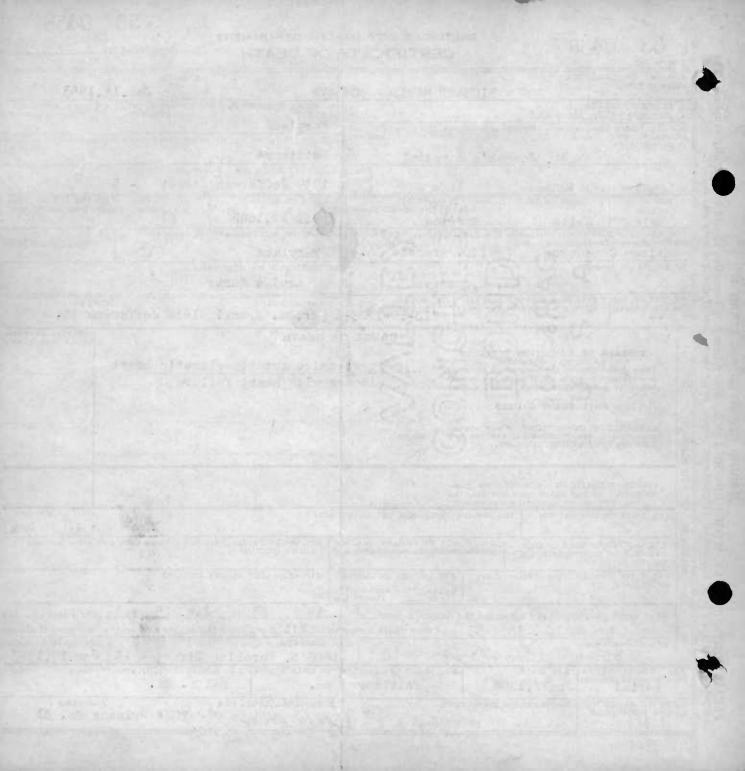
FROUNK BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF ully supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased land, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days rmation should be death clearly and 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (ln years | f Ender 1 Year | f Under 28 Hours | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) ENSINESS OR 10A. USUAL OCCUPATION (Givekind of 108. KIND OF 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOGUVIA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnkaown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANIOHNS HOPKINS HOSPITAL (Yes, no or nnknown) SECURITY NO. causes Every item INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. 0 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF WITH important. EDICA 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If In Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY especially WHILE AT AT WORK WORK 1953 to 19 33 that I last saw the 22. I hereby certify that I attended the deceased from LE 1953 and that death occurred at 3.25 m., from the causes and on the date stated above. deceased alive on 23 SIGNATURE 23B. ADDRESS JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, or county) 248 DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR untinglow



BALTIMORE CITY HEALTH DEPARTMENT Registered No 0457 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOSEPH OF January 15, 1953 SORRELLS supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) "f not in hospital or institution, give street address or B. FULL NAME OF Marvland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital carefully Baltimore legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 930 Monument Street Dava 6 COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male White information shous 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY doutement 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 10 BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO INTERVAL BETWEEN 80 CAUSE OF DEATH ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Gunshot wound of the chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING . OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 800 block North Avenue street LY, 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE firearms RITE PLA WORK 22 . I eertify that I took charge of the remains described above, held an $_$ autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses □, accident □, suicide □, homicide P, undetermined □. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-LION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 151



VS 150

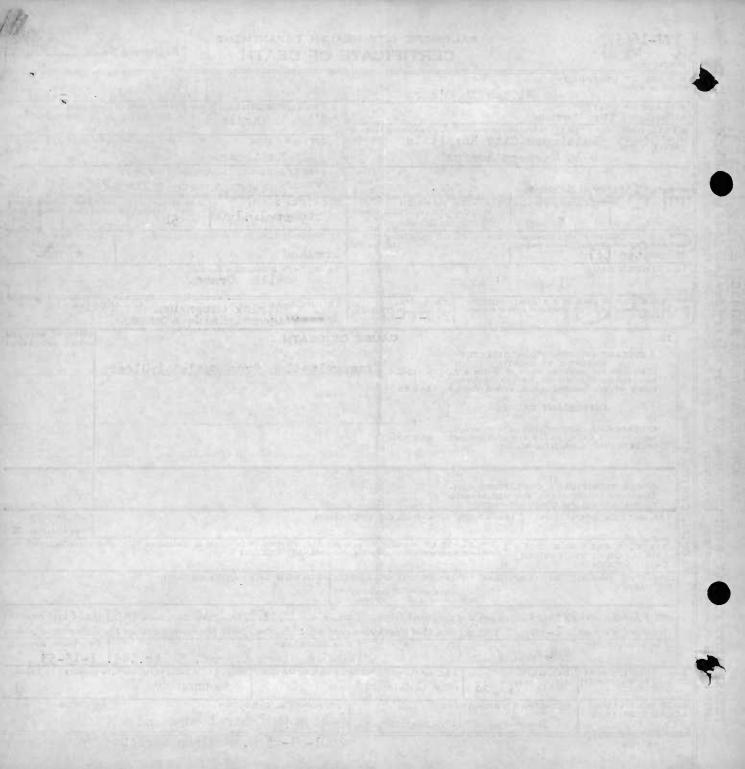


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION umore legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mog lavior ave c. Length of stay in Baltimore Days should be 6. COLOR OR RACE 7. SINGLE MARRIED.
WIDOWED DIVORCED (Specify) 9. AGE (In years | H Under 1 Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. 5. SEX 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY information s s of death clea DIESSMAKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeorge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO oudos - 1903 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ... RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., jo or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK 19 1, that I last saw the 22. I hereby certify that I attended the deceased from 1 - (deceased alive on 1-14 1953 and that death occurred at_ m., from the causes and on the date stated above. 23B. ADDRESS 23A, SIGNATURE 23C. DATE SIGNED 24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) lark Duria DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 5305 VS 150

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2601-03-05 E. Madison Street



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF mm DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) Af outside corporate limits, write RURAL and C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS Alf rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY Kousens XI 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL . INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO -09-093 18. DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFIC H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDIC, 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK WORK 219 22. I hereby certify that I attended the deceased from. ., that I last saw the dectased alive on_ and that death occurred at nd on the date stated above. 234. SIGNATUR 238. ADDRESS 24A. BURIAL, CREMA-TION REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY PLEASE correct a

before admission)

WHAT COUNTRY?

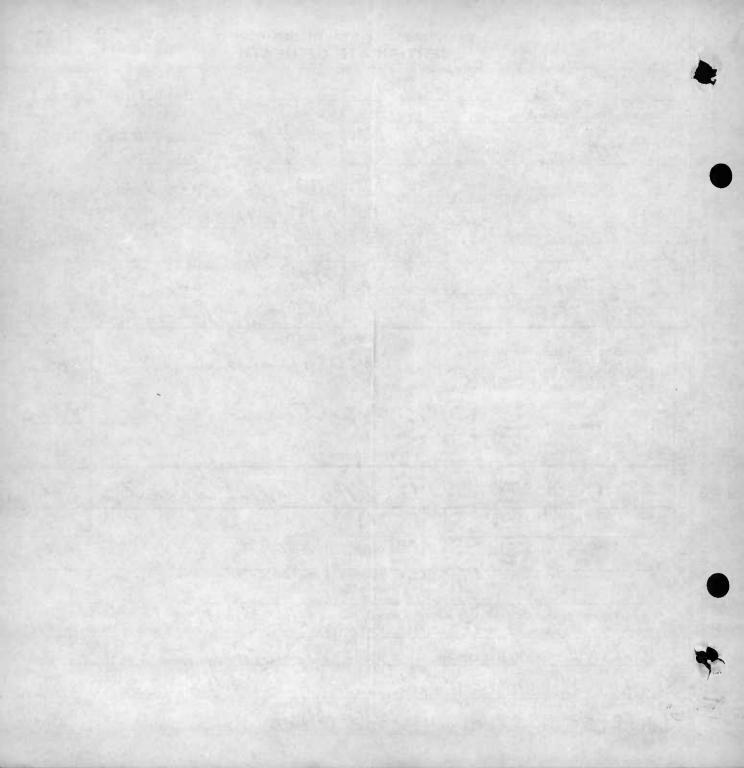
INTERVAL BETWEEN

ONSET AND DEATH

ATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

Dr. Walter Kohn 100 8 201 Ave. 9 A. M. 75 11 A.M. Charles Bill Extended

BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) ully C. CITY OR TOWN (If outside corporate Amits write RUKAL and give INSTITUTION / Township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED It Under 1 Year 9. AGE (In years) If Under 24 liours WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours Min. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IOB. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) information s of death cle conic 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES SOCIAL (Yes, no on unknown) (If yes, give war or dates of service) SECURITY NO. y item of i INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ERTIF 11 OTHER SIGNIFICANT CONDITIONS CONdiel uns TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT RITE PLA AT WORK L WORK Un 15, 19 53 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on Jun 15, 1953, and that death occurred at 9 Im., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A BURIAL, OREMA-TION REMOVAL (Specify) NAME OF CEMETERY OR CREMA DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL LOCAL REGISTRAR

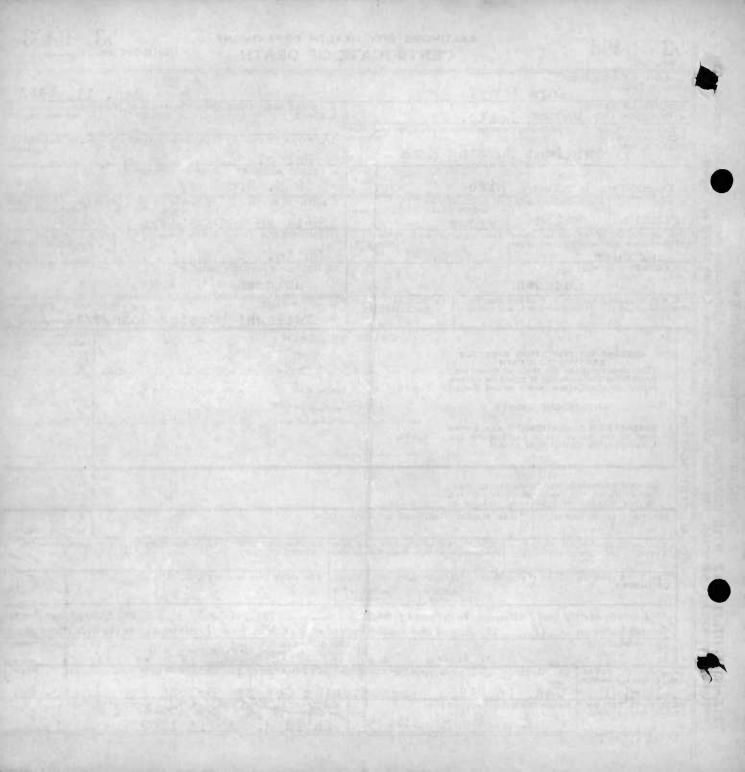


LOCAL REGISTRAR

untryglow /

Registered No 1953 Jan. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give o. STREET ADDRESS (If rural, give location) 9. AGE (in years | Il Under 1 Year | Il Under 24 Hours last birthday) | Months: Days | Hours | Min. Il Under 24 Hours 12. CITIZEN OF WHAT COUNTRY? Twilight Nursing Home /8/3 & ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) ___, 1952, that I last saw the 23c. DATE SIGNED 240. LOCATION (City, town, or county)

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death

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RITE PL

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Marion Baker DEATH 1-15-53 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside conforate linkits wri e PORAL and give Baltimore City Hospitals INSTITUTION township) 4940 Eastern Avenue Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 3611 Belvedere Avenue c. Length of stay in Baltimore Days 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) White 7-27-1904 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosa Baunn Harry C. Welsh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. Balt Mare City Hospitals About Records; 4940 Eastern Avenue (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. / CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Inoperable Carcinoma of Stomach LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES with Metastasis RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO Malnutrition н OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltlmore City, give exact location) 21A. ACCIDENT WAS UNDER-ED about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK 153, that I last saw the 1953 to 22. I hereby certify that I attended the deceased from and that death occurred at 1:30pm., from the causes and on the date stated above. deceased alive on 19 23B. ADDRESS 23c. DATE SIGNED

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

1) withy flow

4940 Eastern Avenue 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

(State)

Burial 1-19-1953 DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Loudon Park

Baltimore

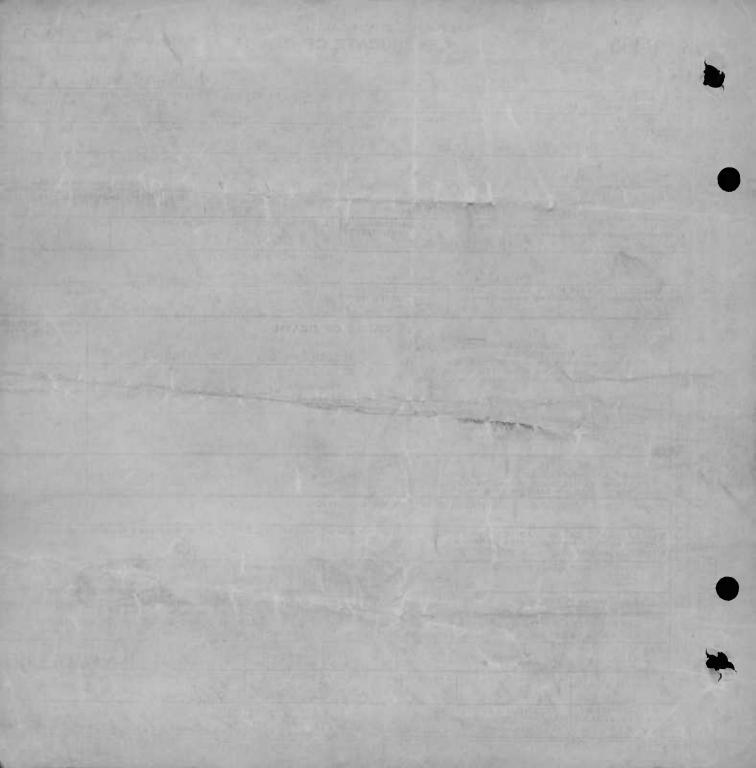
25. FUNERAL DIRECTOR

ADDRESS H.W. Jenkins&Sons Co. 4905 York Rd.

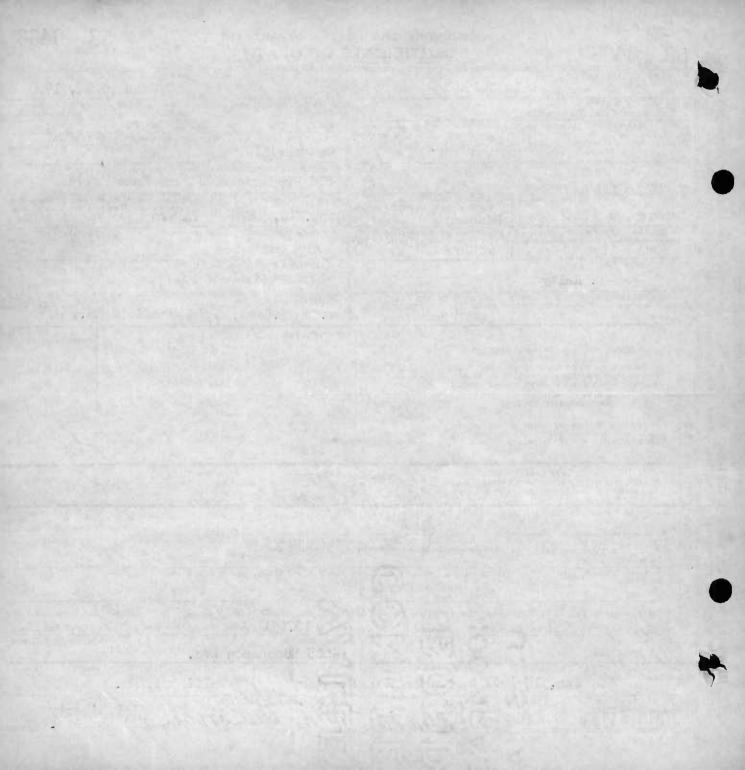
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BALTIMORE CITY HEALTH DEPARTMENT

D5	BI			EALTH DEPARTMENT E OF DEATH	Registered No.	0465
		NAME OF DECEASED (CHARLES)	E. DIGGS	3	2. DATE OF DEATH Januar	y 13, 1953
plied	Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W A. STATE Maryland	here deceased lived. If inst	itution: residence before admission)
carefully supplied egibly.	H	FULL NAME OF (If not in hospital or institution, ospital or unstitution, ospital or institution, osp	give street address or location)		outside corporate limit, w	riteRU AL and give ownship)
areful	_	Length of stay in Baltimore Year	Yrs. Mos. Days	D. STREET ADDRESS (If r		
l be can	5.	SEX 6. COLOR OR RACE 7. SINGLE. N	MARRIED.	8. DATE OF BIRTH		of 1 Year If Under 24 Hours B Days Hours Min.
IDING information should be careful of death clearly and legibly.	10	A. USUAL OCCUPATION (Give kind of done during moet of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY
ation th cle	13	FATHER'S NAM!	var & caux	14. MOTHER'S MAIDEN NA	Cheen	0.0.
BINDING of inform uses of dea		. WAS DECEASED EVER IN U. S. ARMED FORCES? In no or unknown) (If yes, give, war or dates of service)	6. SOCIAL SECURITY NO.	17 INFORMANT	· 3a/a of	Weller and
FOR BIN y item of the causes	0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES		OF DEATH	cular disease	INTERVAL BETWEEN
MARGIN RESERVED UNFADING INK. Ever Physicians: please write	FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO (C)			
MAR INFA hysici	ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		PATION.		20. AUTOPSY?
н.	AL C		INDINGS OF OPER			YES X NO
LY, WITH important.	EDIC/		E OF INJURY (e. g., i n,factory,street, office bldg.,		in Baltimore City, give	exact location)
INLY Iy imp	Σ	OF INJURY	E. INJURY OCCURR LE AT NOT WHILE ORK AT WORK			
TITE PLA	22. I certify that I took charge of the remains described above, held an Partial Autopsy the Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opigion resulted from: natural causes \(\mathbb{Z} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undetermined to the day are death in my opigion resulted from: natural causes \(\mathbb{Z} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undetermined to the day are death in my opigion resulted from: natural causes \(\mathbb{Z} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undetermined to the day are death in my opigion resulted from: natural causes \(\mathbb{Z} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undetermined to the day are death in my opigion resulted from: natural causes \(\mathbb{Z} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undetermined to the day are death in my opigion resulted from: natural causes \(\mathbb{Z} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), and the suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), and the suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), and the suicide \(\mathbb{L} \), and the suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), and the suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), and the suicide \(\mathbb{L} \),					
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PLEASE correct ag	TI A	ON REMOVAL (Specify) 1/9/53 ATE RECEIVED BY REGISTRAR'S SIGNATURE	MAME OF CEMETE	ery or CREMATORY 240, LO	CATION (City, John, or A)	DDRESS
	v	JAN 1 6 1953 Tuntingtons, V	761	FX	0-9/8. Aku	age.



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3. PLACE OF DEATH:

B. FULL NAME OF

HOSPITAL OR

INSTITUTION

5. SEX

Male

Yes

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BINDING

A. Baltimore City, Maryland

c. Length of stay in Baltimore

rark doneduring most of working life, even if retired)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) Dr. Edward A. Looper

504 Overhill Road

10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR

2. DATE OF Jan. 14. 1953 DEATH

B. COUNTY

4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN

(If outside Apporate limits, write RURAL and give

Baltimore D. STREET ADDRESS (If rural, give location)

504 Overhill Road

B. DATE OF BIRTH

9. AGE (In years | | Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours | Min.

Dec.16, 1888 64 yrs

11. BIRTHPLACE (State or foreign country) Georgia 14. MOTHER'S MAIDEN NAME

WHAT COUNTRY?

12. CITIZEN OF

INTERVAL BETWEEN DNSET AND DEATH

Surgeon-Specialist 13. FATHER'S NAME

John A. Looper

World War 1

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no nr unknown) (If yes, give wer or dates nf service)

6. COLOR OR RACE

White

16. SOCIAL

WIDOWED, DIVORCED (Specify)

7. SINGLE, MARRIED

Nose and

Married

SECURITY NO.

CAUSE OF DEATH

Yrs.

-Mon

Dave

Throat

Jennie Stewart 17. INFORMANT

ronary thrombosin

21c. WHERE DID

INJURY OCCUR?

ADDRESS Mrs. Lola P. Looper, 504 Overhill Road

18. DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

(0)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TD THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in nr about home, ferm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

OF INJURY WHILE AT NOT WHILE

22. I hereby eertify that I attended the deceased from_

23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

University Hospital

kesville, Md.

21F. HOW DID INJURY OCCUR?

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial DATE RECEIVED BY

deceased alive on_

LOCAL REGISTRAR

VS 150

Jan. 17,1953 Druid Ridge REGISTRAR'S SIGNATURE untingion

20. AUTOPSY

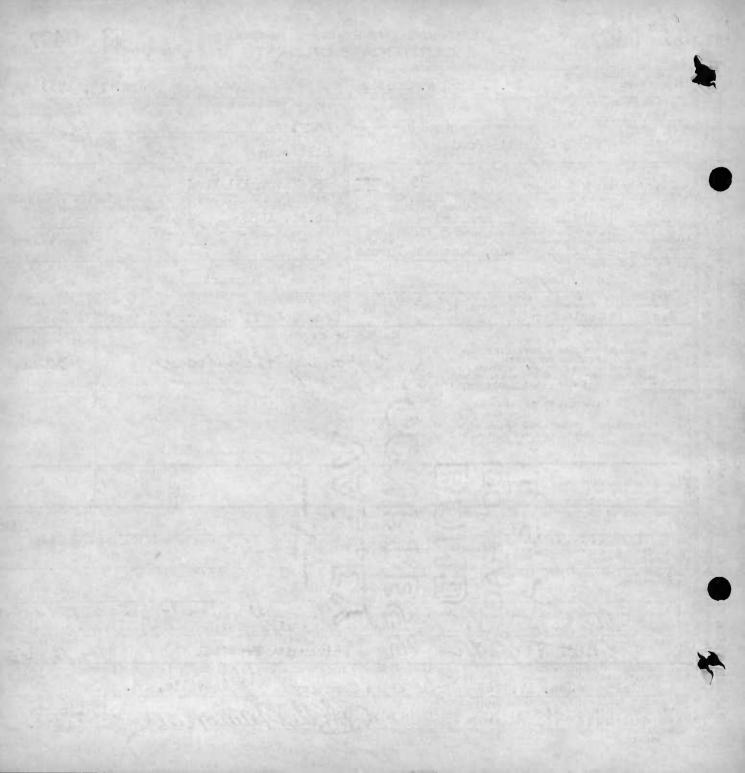
(If in Baltimore City, give exact location)

township)

If Under 24 Hours

1953 to Jan. 14 , 1953, that I last saw the , 1953, and that death becurred at 3:35 Pm., from the causes and on the date stated above, A3C DATE SIGNED

246 LOCATION (City, town, or county)



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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) Mary B. Brown Jan. 15. 1953 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF Maryland (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside componite limits, wri RURAL and give INSTITUTION 425 S. Monroe St. Baltimore township) o. STREET ADDRESS (If rural, give location) Yrs. Mos. 425 S. Monroe St. c. Length of stay in Baltimore Days 6. COLOR OF RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours, Min. 72 yrs Female White May 19, 1880 Widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At Home Baltimore, Md. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George N. Yager Augusta Nimitz 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowo) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Ir. Wm. G. Brown, 425 S. Monroe St. No INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO RTIFICATI UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION O 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from 1952 to lan 15 , 1953, that I last saw the deceased alive on 15, 1953, and that death becurred at 05P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

54 S. Fulton Ave.

23c. DATE SIGNED

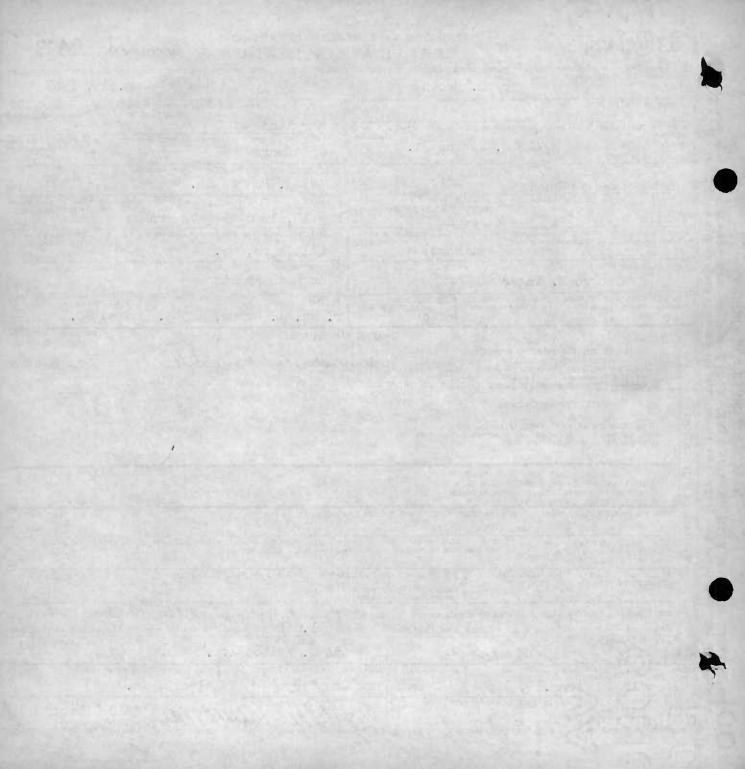
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial Jan.19, 1953 24c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

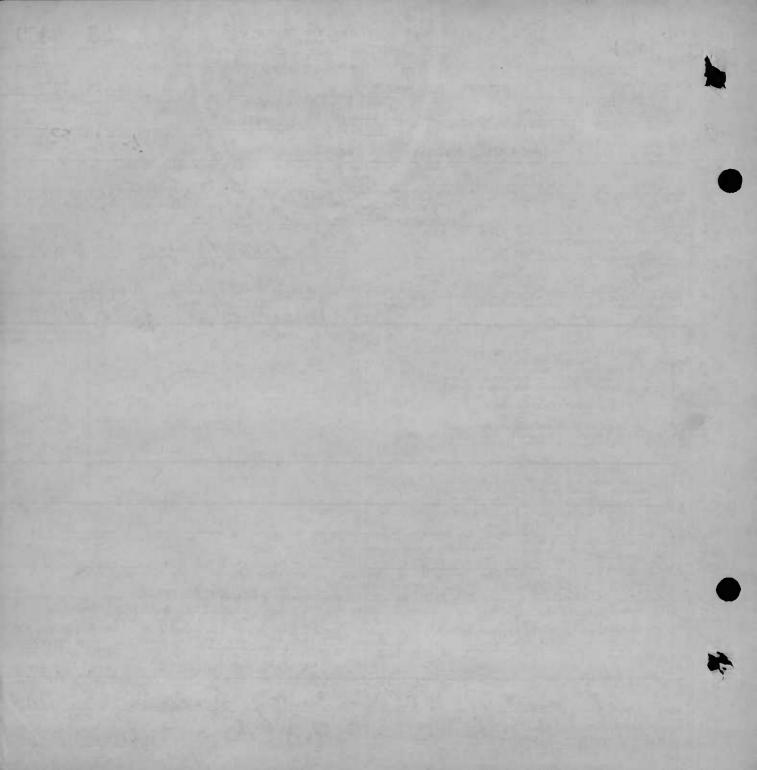
246. LOCATION (City, town, or county) Baltimore, Md.

DATE RECEIVED BY-REGISTRAR'S SIGNATURE LOCAL REGISTRAR

ADDRESS

VS 150





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DING	NFADING INK. Every item of information should be refully supplied visitians: please write the causes of death clearly and legibly
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FOR	y item
RVED	Ever
RESE	INK.
MARGIN RESERVED FOR BINDING	NFADING vsicians:

6	30
BIRTH	10. 0470

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

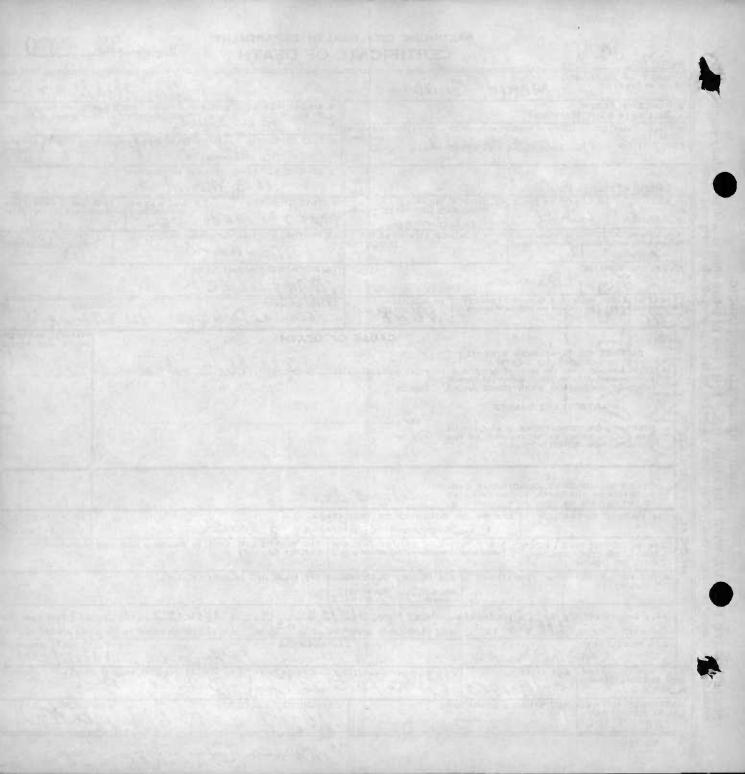
Registered No. 04

1. NAME OF DECEASED 2. DATE (Type or Print) MARIE GRADY OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence land B. COUNTY A. Baltimore City, Maryland before dimission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write ROMAL and give Unwersity Hospital INSTITUTION township Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Ledowed 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY fouse while 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL ADDRESS (Yes, no pr, unknown) (If yes, give war or dates of service) 411 S. Mount Marie 1B. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (1) Caremema of bladdy & mitastans heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY I Rendoles toscepy + lungry of 21B. PLACE OF INJURY (e.g., In or WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK 19 to 1/16/33, 19 , that I last saw the 22. I hereby certify that I attended the deceased from. and that death occurred at 6 5 mm., from the causes and on the date stated above. deceased alive on_ 19_ 19_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-REMOVAL (Specify) 24D. LOCATION (City, town, or county) DATE RECEIVED BY WREGISTRAR'S SIGNATURE FUNERAL DIREC LOCAL REGISTRAR

VS 150

PLEASE correct

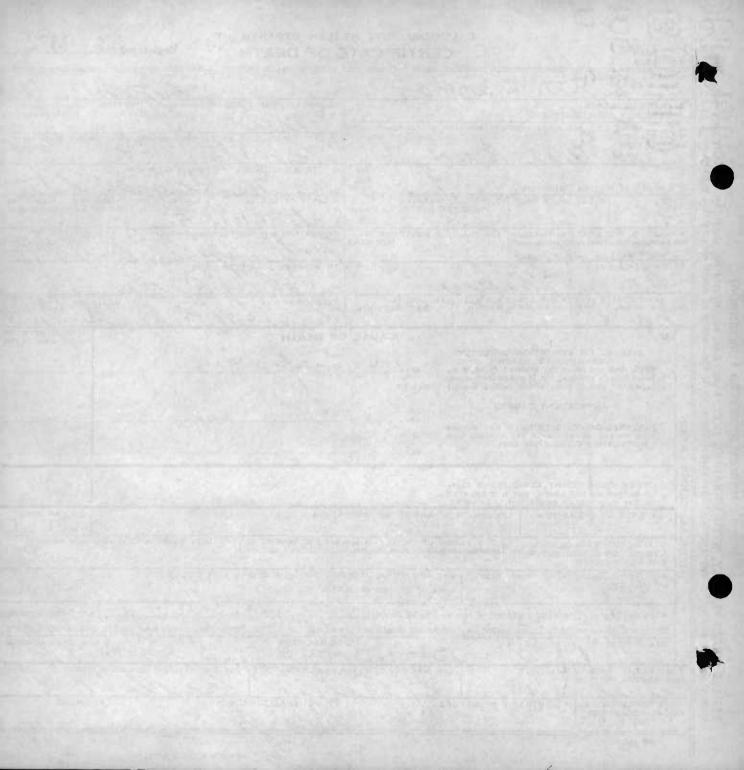
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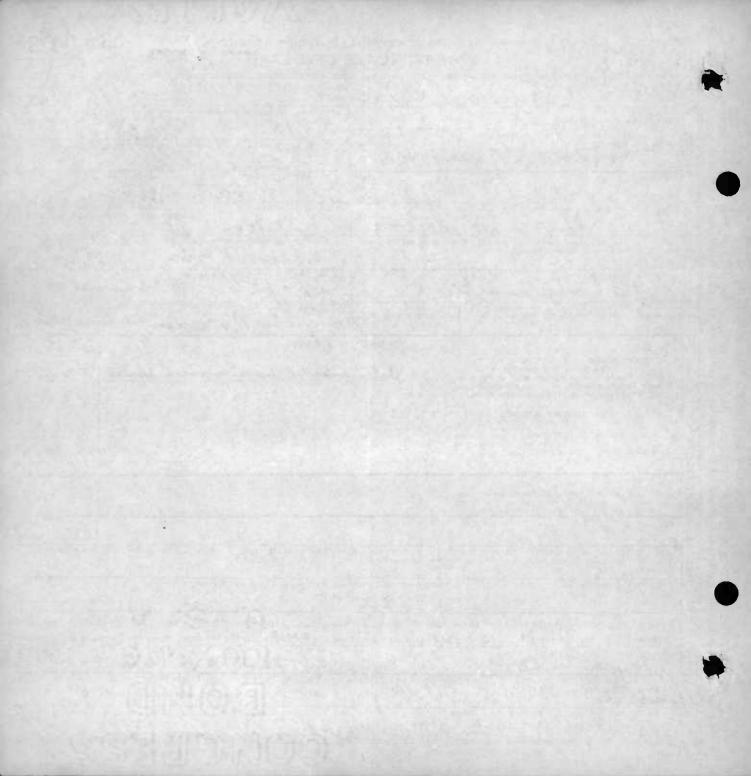
Wie W		1 - 1 - 1 - 1 - 1 - 1 - 1	EALTH DEPARTMENT E OF DEATH Registered No.	0471
ed. T	(NAME OF DECEASED Type or Print) Myntle Muntin	2. DATE OF DEATH	nw 15,1953
uppli	A	B. PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If inst	itution : residence before admission)
fully supplied. y.	H	IOSPITAL OR NSTITUTION JOHNS HOPKINS HOSPITAL'	C. CITY OR TOWN (If outside corrorate lines,	rite DoRAL and give township)
egribl	0	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3 6 9, Curley St.	
d b	5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WILDOWED DIVORCED (Specify)		Days Hours Min.
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MARGIN F UNFADING Physicians: p	CERTI	TRIBUTING TO THE DEATH, BUT NOT RELATED	CHET OR ASST. MEDICAL EXAMPLE	
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RIT		, -0 , -0		ate stated above. 3c. DATE SIGNED 1-16-55
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PLE		OCAL REGISTRAR REGISTRAR'S SIGNATURE OCAL REGISTRAR Turing grant did diff	Jaky Juneal J	PRESS
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print fully supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN If outside corporat limits, write I UPAL and give ownship) legibly. Yrs. D. STREET ADDRESS (If rural give location) Mos. c. Length of stay in Baltimore Davs should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | # Under | Year | | Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWER, DIVORCED (Specify) 10A. USU)L OCCUPATION (Give kind of lob. KIND OF BUSINESS OR work done during most of working life even if retired) foreign country) 12. CITIZEN OF INDUSTR WHAT COUNTR information ਹ Laundres death 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) of 16. SOCIAL NFORMANT ADDRESS (Yes, no or unknown) SECURITY NO causes CAUSE OF DEATH INTERVAL BETWEEN 18. 357X item ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY LY, WITH 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER. about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE TE PLA especiall AT WORK WORK 22. I hereby certify that I attended the deceased from -, and that death occurred at deceased alive on_ m., from the gauses and on the date stated above. 23A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 4B DATE TION, REMOVAL (Specify) ADDRESS DATE RECEIVED BY RESISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



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	NAME OF DECEASED Jouis a & Qui	00-1	ATE OF EATH 1-16-53
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Off not in hospital or institution, give street address or	A. STATEM	eceased lived. If institution; residence B. COUNTY before admission)
HO	SPITAL OR STITUTION Can derson Hurang Home		corporate limits, write RURAL and give township)
-	Yrs. Mos. Days	D. STREET ADDRESS SIF rural, 1	give location)
F111700-10070-0	6.COLOR OR RACE 7. SINGLE, MARRIED, WILDOWED, DIVORCED (Sporty		GE (In years If Under I Year If Under 24 Hours Storthday) Months Days Hours Min.
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13.	FATHER'S NAMES Cherad	14. MOTHER'S MAIDEN NAME	HEISEN
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORUS? 16. SOCIAL no or unknown) (If yes, give war or deten of service) SECURITY NO.	17. INFORMANT	OADDRESS W. W.
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	ionlartie condiscore	br disione 5-10 ym -
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
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Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT WORK NOT WHILE AT WORK		UR?
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		23B. ADDRESS U18 & Paul St.	Let: > had 1-16-53
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY BALTIMORE MARYLAND STATE MARYLAND COUNTY BALTO. CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) OR TOWN HOOD CONVOL. HOME TOWN CATONSVILLE HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS EDMONDSON AVE. & NORTH STREET ADDRESS 6350 FREDERICK BEND RD 3. NAME OF 4. DATE (Month) (Day) (Year) (Middle) (First) (Last) DECEASED: DEATH: (Type or Print) MARGARET LUBY Jan:] 6. COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS 7. SINGLE, MARRIED. WIDOWED, DIVORCED. Days Hours Months (WTDOWED Jan:6: FEMALE 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): COUNTRY? work done during most of working life, INDUSTRY: USA HOME IRELAND causes 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: JAMES MADIGAN MARY HOWARD 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) | (If Yes, give war or dates of service ***** Miss. MARY LUBY. . 6305 Frederick Ave NO. 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Chrehalbemonhoge teris selerosis General Mucha Immediate cause DUE TO Antecedent causes (s) Physicians: Diseases or conditions, if any, giving rise to the above cause DUE TO stating the underlying cause last, 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No No (STATE) ACCIDENT (COUNTY) PLACE (Home, farm, factory, street, (CITY OR TOWN) (Specify) SUICIDE office bldg., etc.) INJURY TIME (Month) (Day) (Year) HOW DID INJURY OCCUR? (Hour) INJURY OCCURED Not While While at INJURY Work [At Work 1952 to Sau 13, 1953, that I last saw the deceased 22. I hereby certify that I attended the deceased from Ches from the causes and on the date stated above. and that death occurred at LOCATION (City, town, or county) BURIAL, CREMATION, (Specify) Baltimore Maryland Mew Cathederal DATE REC'D BY LOCAL! REGISTRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT

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supplied	A.	PLACE OF DEATH: Baltimore City, Maryland	Little with	4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution: residence before admission)
fully suly.	H	FULL NAME OF (If not in hospital or institution U.H	ution, give street address locatio		(If outside corporate limits	, write RURAL and give township)
qu ga	c.	Length of stay in Baltimore	Yrs Mos Day	b. STREET ADDRESS	(If rural, give location)	st
should be learly and I		SEX 6. COLOR COLACE 7. SING	LE. MARRIED DWED, DIVORCED (Speci	8. DATE OF BIRTH	9. AGE (In years It	Under I Year If Under 24 Hours this Days Hours Min.
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atio	13	S. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	<u> </u>
des	15	Keese, VISEPh		VENETI	E CARROLL	
f infe	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT HERMAN	PEARL 2632	PIER DINT
UNFADING INK. Every item of information Physicians: please write the causes of death cle	IFICATION	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, of heart failure, asthenia, etc. It means the dise injury or complication which caused des ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e.g., (A) luc pasc, tth.) pur o i)	bro Vasculu Enladural hem Introventium Urenia	n Occident	ONSET AND DEATH
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	4	2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCUP WHILE AT NOT WHI WORK AT WOR	LE		
TE PL.		22. I hereby certify that I attended the deceased alive on 1-13, 19 5	e deceased from and that death occ	1-11- urred at 47,1951, to	m the causes and on th	Ahat I last saw the e date stated above.
VRITE S esp		231. SIGNATURE Gon-		23B. ADDRESS		23c. DATE SIGNED
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PLE	D	ATE RECEIVED BY REGISTRAR'S SIGNA	2 Paul 1 2 Pm	25. FUNERAL DIRECTO		ADDRESS

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PLEASE VRITE PL. LY, WITH correct a s especially important.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

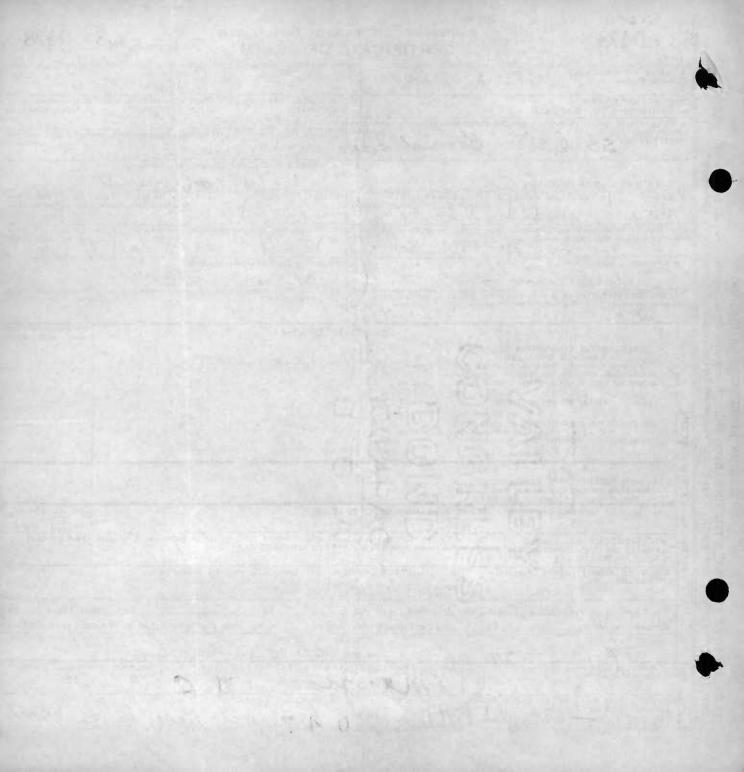
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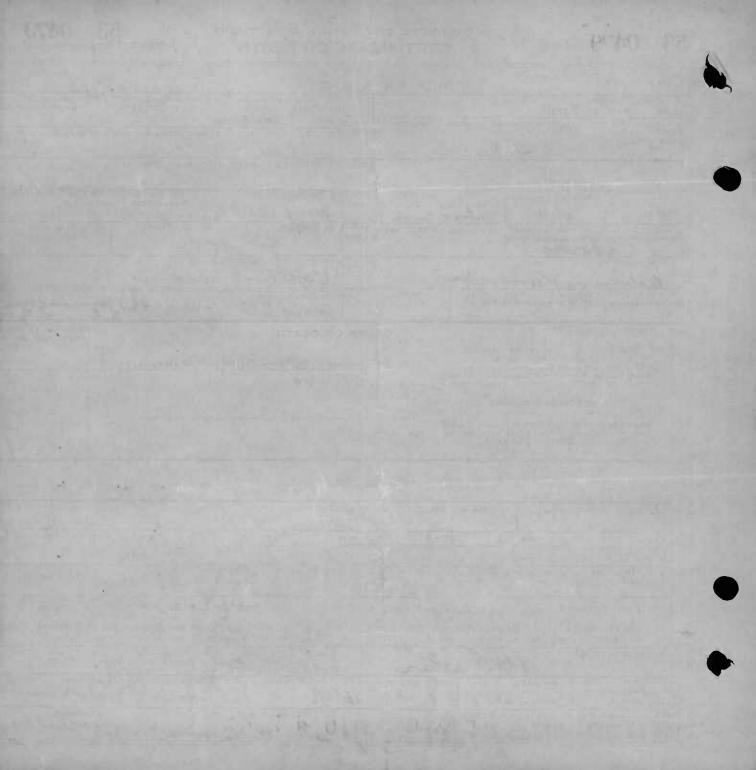
I. NAME OF DECEASED	Lacute
(Type or Print) FRANCES VLCE	K 2. DATE OF UAN- 15-1953
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: resident
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)
HOSPITAL OR BEECHHILL NURSING HOME	C. CITY OR TOWN (If outside corporated in its, write RURAL and give
MATTER MONSING HOME	BALTIMORF township)
Yrs.	D. STREET ADDRESS (If rural, give location)
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5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year If Under 24 Hours
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10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Work done during most of working life, even if retired) 1400SE WORK HOME	SLOVAKIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH BUCFK	NOT KNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
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OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	610 1/15/23
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deceased alive on 193,19, and that death occur	rred at, from the causes and on the date stated above.
106 5 ml - in	(1331 + Marked (1) 1/16/63
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 24D COCATION (City, town, or county) (State)
RURIAL JAN. 19-53 OAK HI	LL BALTIMORE MD.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	FR. GVACH SON GOUN. CHESTER ST
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AND THE PROPERTY OF THE PARTY OF

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED JAMES A. Mc Coy 2. DATE Jan. 15, 1953 (Type or Print) OF efully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR looktion) (If outside corporate limits, write BUILAL and give C. CITY OR TOWN INSTITUTION SO Balto General township) onwar D. STREET ADDRESS (If Aural, give location) Mos. c. Length of stay in Baltimore Davs information should be of death clearly and 6. COLOR OR RACE | 7. SINGLE, MARRIED AGE (In Vars | H Under | Year | H Under 24 Hours | last birthway) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) male married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State on foreign country) 12. CITIZEN OF work done during most of working life, even if retired) NOUSTR WHATOCOUNTRY LA BORELE ar 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME arus 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT SECURITY 8-14-4 ADDRESS (Yes, no or unknown) causes Jo INTERVAL BETWEEN 18. 002 X CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., Luberculosa heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WORK 22. I hereby certify that I attended the deceased from. , 19___, to_ , 19___, that I last saw the RITE is espe deceased alive on. . 19 ____ and that death occurred at_ m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS Muloouva 24A. BURIAN CREMA-DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTO LOCAL REGISTRAR VS 150

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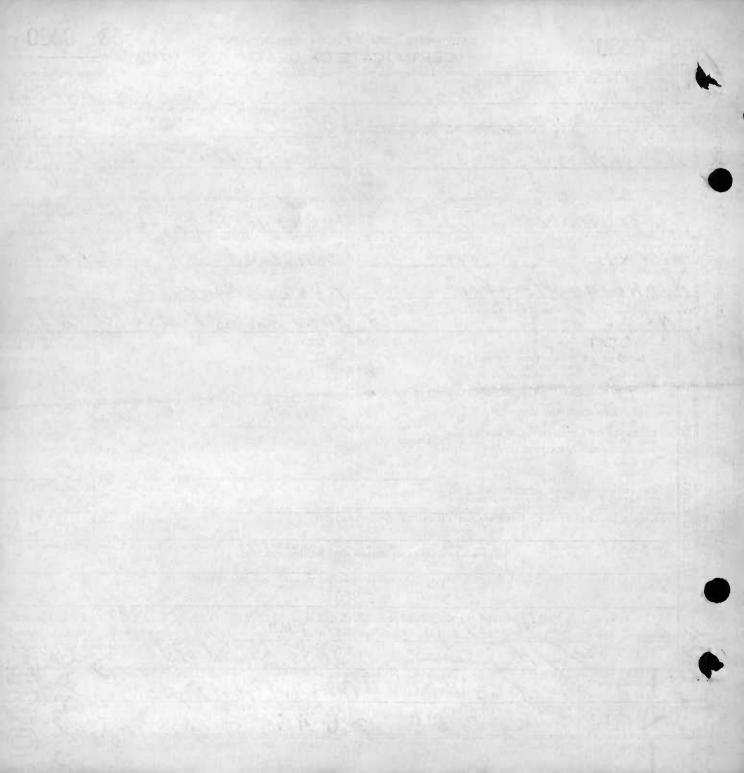


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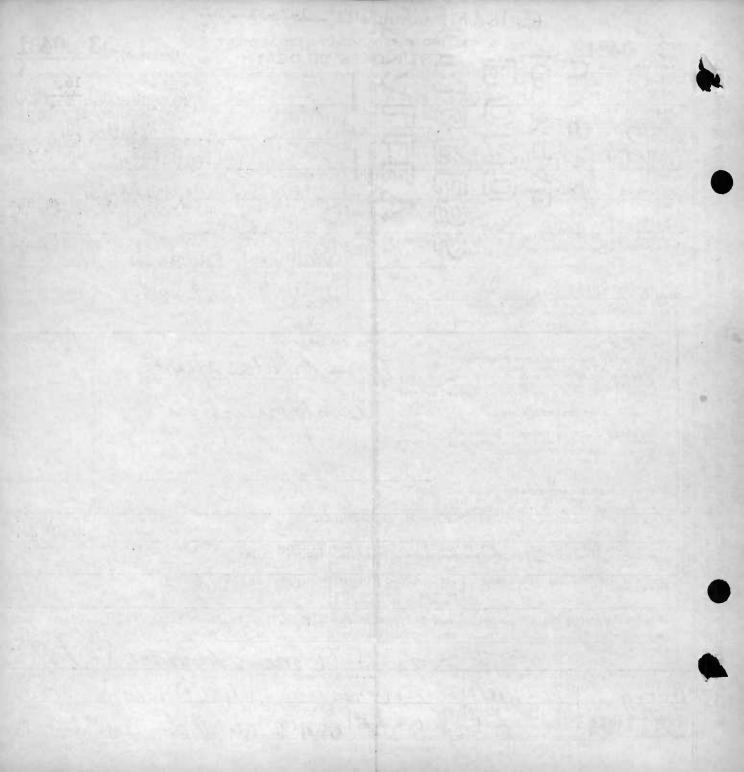
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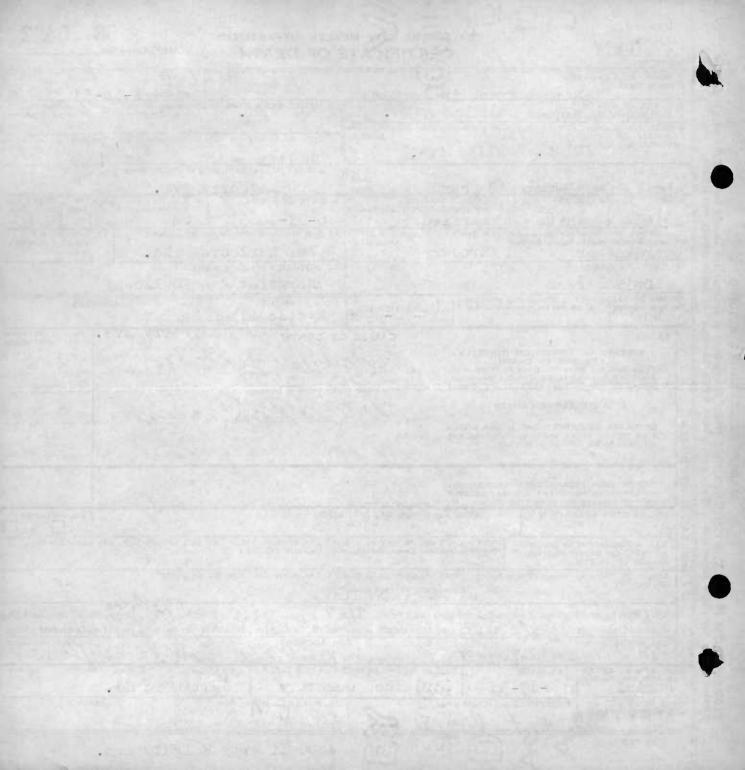
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141	-	3 0481 BALTIMORE CITY HE	EALTH DEPARTMENT	53	0481
9	BI	RTH NO. 53-00579 CERTIFICATI	E OF DEATH	Registered No.	1
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plied		PLACE OF DEATH:	4. USUAL RESIDENCE (Wh	ere deceased lived. If institut	ion: residence
dns	B/.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or		Patter	before admission)
fully supplied y.	X	DESTITUTION DESCRIPTION OF THE PROPERTY OF THE	c. CITY OR TOWN	tside aprograte limits, write	RURAL and give township)
0	4	in the state of th	D. STREET ADDRESS If ru	ral, gite location)	4. 0
d be and legi		Length of stay in Baltimore 9 Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF EIRTH	9. AGE (In years) If Under I Ye	ear If Under 24 Hours
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	10 work	A. USUAL OCCUPATION (Give kind of doueduring most of working life, even if retired)	BIRTHPLACE (State or fore	Ghill All	HAY OUNTRY?
atic	13	FATHER'S NAME	A MOTHER'S MAIDEN NAM	AED I	, G. W.
ING form	15	. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL	Chyarelle fran	nambou	
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RITE s esp			3B. ADORESS	e couses and on the date	DATE SIENED
	24	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE N. REMOVAL (Specify)	RY OR CREMATORY 24D. LOS	CATION (City, town, or cour	ity) (State)
PLEAS,	B	BURIAL 1-17-1953 1- VIENO	IS BAL	timore.	Md.
PLEAS		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	No of 12008	t- Pl
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF fully supplied Ernest Franklin Parker DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admissi A. Baltimore City, Maryland Baltimore, Md. before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAIs and give C. CITY OR TOWN INSTITUTION 101 N. Wheeler Ave. Baltimore
D. STREET ADDRESS (If rural, give location) information should be functional function of death clearly and legibly. Yrs. Mos. 4005Mayberry Ave. c. Length of stay in Baltimore 40 years Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under I Year In Under 24 Hours last birthday) Months: Days Hours; Min. If Under 24 Hours White 6-11-1888 Male Married 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Upper Marlboro Storekeeper Grocery Md . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Parker Margaret Jane Galloway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) item of n Myrtle Ellen Parker 4005 Mayberry AVE SINTERVAL BETWEEN 18, 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the discase. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCURT CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from 3 1990, that I last saw the deceased alive on a ril 4, 1961, and that death occurred at 1.150m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 24A. BURIAL CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY! 240 LOCATION (City, town, or county) 1-19-53 Baltimore Md. Lorraine Cemeter DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150 4600 Liberty Heights Ave.



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12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

township)

type or Frint)	Messick,	Ruth	Alma
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(If not in hospital or institution, give street address or B. FULL NAME OF location)

St. Joseph's Hospital

c. Length of stay in Baltimore

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White 10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)

Housewife Own home

Thomas Bafford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown)

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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

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21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

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22. I hereby certify that I attended the deceased from January 3, 1953, to January 16, 19 53 that I last saw the

deceased alive on Jan. 16, 1953, and that death occurred at 1:20am, from the causes and on the date stated above. 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

19 Western /53DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Baltimore 25 FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

21F, HOW DID INJURY OCCUR?

1100 N. Caroline Street

VS 150

2. DATE OF DEATH January 16, 195
4. USUAL RESIDENCE (Where deceased lived, If institution; residen B. COUNTY before admission)

(If outside corporate len

Baltimore D. STREET ADDRESS (If rural, give location)

1278 Battery Avenue 9. AGE (În years | if Under 1 Year | Il Under 24 Hours | Months Days | Hours | Min. 8. DATE OF BIRTH

11. BIRTHPLACE (State or foreign country) Maryland

14. MOTHER'S MAIDEN NAME

Emma Wroten 17. INFORMANT

Family - Same

CAUSE OF DEATH

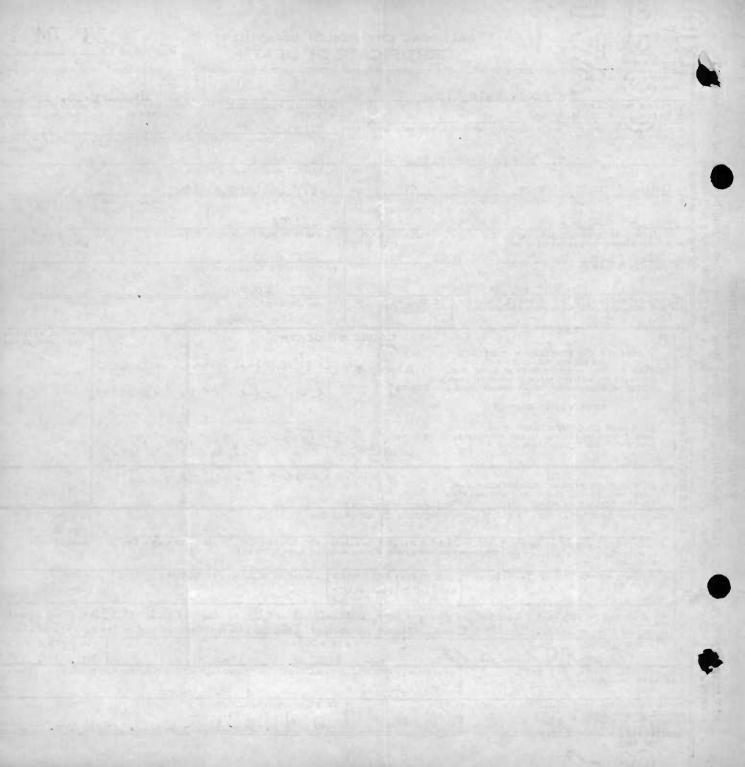
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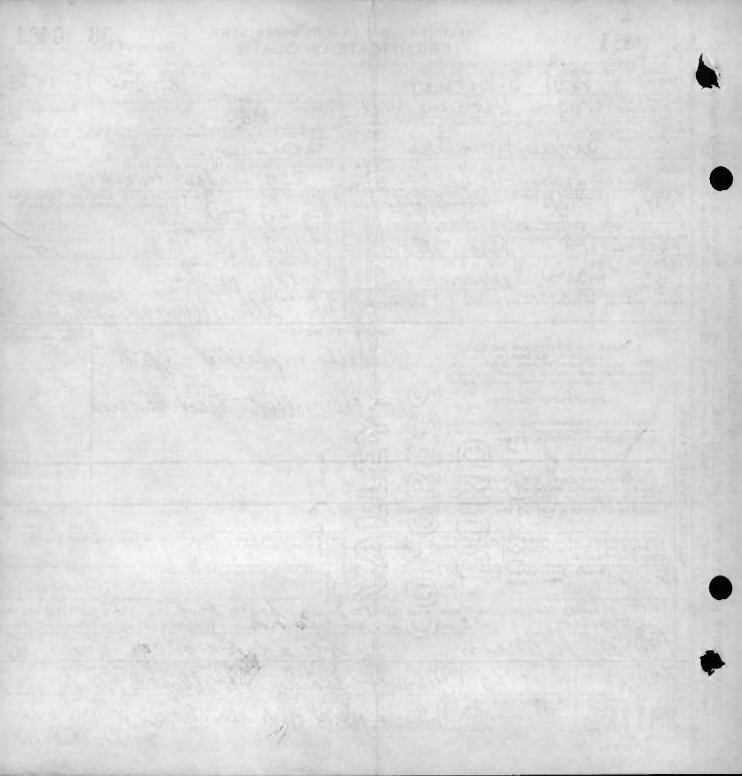
23c. DATE SIGNED

Jan. 240 NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

McGully - I30 E. Fort Ave.



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Registered No.

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY before admission)

(If outside corporate limits, write RURAL and give township)

2620 N. Charles street

9. AGE (In years | | Under I Year | | Under 24 Hours | Indian | I Under 24 Hours | Min. 12. CITIZEN OF

Frances Hinton

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(If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

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Baltimore Marvland ADDRESS

Dr. Sam. Morrison 11 E. Chase St.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ully supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL, and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours! Min. clearly 10A. USUAL OCCUPATION (Give kind of work done during more of working life even if retiral) 11/ BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WEZ INDUSTRY WHAT COUNTRY information schange death 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Jo OCIAL ADDR (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes Jo item 18. 154X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OEATH dvery in the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Ever heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 16 193 that I last saw the 22. I hereby certify that I attended the deceased from. 195 3 to deceased alive on Jan 14 . 1953. and that death occurred at. Le.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED .0

before admission)

township)

(State)

24c. NAME OF CEMETERY OR CREMATORY

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250FUNERAL DIRECTOR

240. LOCATION (City, town, or county)

VS 150

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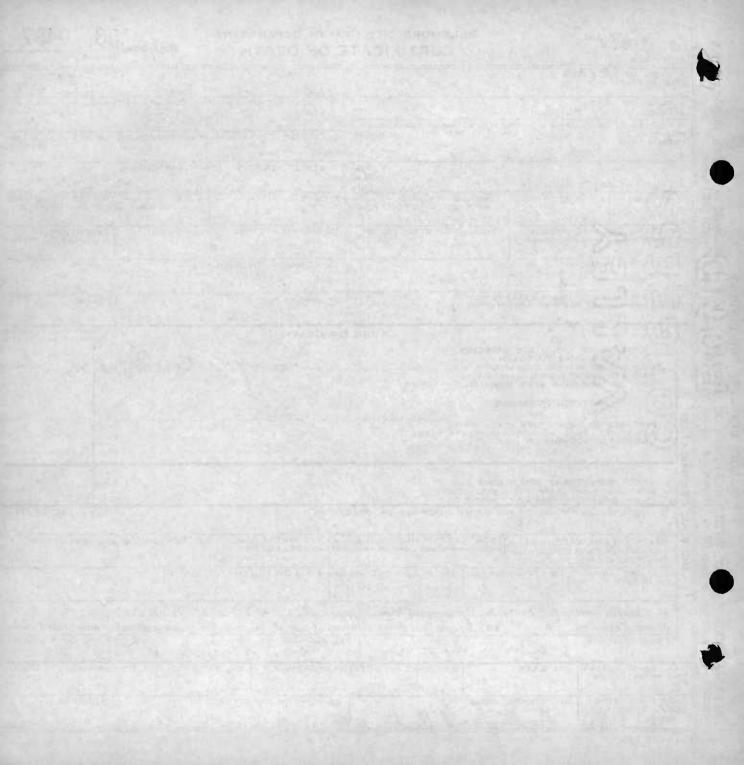
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DATE RECEIVED BY

LOCAL REGISTRAR

24B. DATE

REGISTRAR'S SIGNATURE



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		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (When	re deceased lived. If institution regidence B. COUNTY before demission
	HO	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location		side corrorate limits, this RURAL and giv
	3	Provident Hosp.	Balto	township
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7	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Ι U.δ. Α.
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5	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS
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		LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease,	Coronosey oc	clusion 15 mm
		injury or complication which caused death.) DUE TO		
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2	DICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.		NO L n Baltimore City, give exact location)
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1	5	BALTIMORE CITY H	EALTH DEPARTMENT	53 0490
a a		RTH NO.	E OF DEATH	Registered No.
.5		NAME OF DECEASED Spe or Print) Clause lead Officered Officered NAME OF DECEASED		DEATH January 13,1952
fully supplied		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where	
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ASI ect		urial 1/19/1763 7/11. un	Kusn Cem Bak	o. Hol.
PLEASE correct an	LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS 327M
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BIRTH	NO.		
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Ro. 0491

2		NAME OF	PECEASED				2 DATE		_
· .	(T	Type or Print)		ARLES P.	EHRHAR	DT	2. DATE OF DEATH JEI	1. 17, 195	3
fully supplied by.		Baltimore	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived.		e
ns	H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institution, give s	treet address or location		and (If outside corporate lin	11/4	l adva
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ld be effu					Yrs. Mos.	D. STREET ADDRESS			
be b	COLUMN TO SERVICE AND ADDRESS OF THE PARTY O	. Length of s	tay in Baltimore	7. SINGLE, MARRI	Days	8. DATE OF BIRTH	ad & White		Наша
		male	white	widowed, dive	orced (Specify)	oct. 30, 1857	7 last birthday) 1 95	If Under 1 Year Months Days Hours	Min.
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ion h cl		B. FATHER'S		ealer		Baltimore Co,			
information s of death cl		?				?	NAME		
info	15 (Ye	5. WAS DECEAS	ED EVER IN U. S. ARME (If yee, give war or date	FORCES? 16. SO	CIAL CURITY NO.	Mr. C. Raymo	ond Ehrhardi	ADDRESS	7
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Ever		injury or	complication which		ТО ОДО.	attime	len .	15-20.	16
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LY,	MEDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e. g., in about home, farm, facto	(%) INJURY OCCUR?	e exact location)
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15	WAS DECEASED EVER IN U. S. ARMED FORCE	CES? 16. SOCIAL	Theresa Fr	ucho	
(Yes	(If yos, give war or dates of service)	vice) SECURITY NO.	17. INFORMANT JOHNS HO	PKINS HOSPITAL	DRESS
	18. 16/X DISEASE OR CONDITION DIRE		OF DEATH		ONSET AND DEATH
	(This does not mean the mode of dyir	ng, e.g., (A) Covo	noma of la	Mux	14 mo.
	heart failure, asthenia, etc. It means the injury or complication which caused				
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY,	(B)			****
ATIC	RISE TO THE ABOVE CAUSE (A) STATI				
IFIC		(0)			
CERT	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUS	RELATED			
AL C		AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 6bou	B. PLACE OF INJURY (e. g., in thome, ferm, factory, street, office bldg., e	n or 21c. WHERE DID (1 INJURY OCCUR?	if in Baltimore City, glv	
Σ	21D. TIME (Month) (Day) (Year) (Hour OF INJURY			OCCUR?	
		m. WHILE AT NOT WHILE		1-16 1053	that I last saw th
	deceased alive on	53 and that death occur	red at 7 to #m., from t	he causes and on the	that I last saw the date stated above
	Monor Foully	William 1. D. 2	JOHNS HOPKINS		1/16/53
1 34	A. BURIAL, CREMA- 246, DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	/
DA	ATE RECEIVED BY REGISTRAR'S SIG	SNATURE JUST	25. FUNERAL DIRECTOR	alterne /ho	ADDRESS 2005
	JAN 1 1 1938 Thurlington	- Welliacus 5MB	Ellnis June	al Home	Eldans
	Vs 150	2902	4		

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A DOMESTIC

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

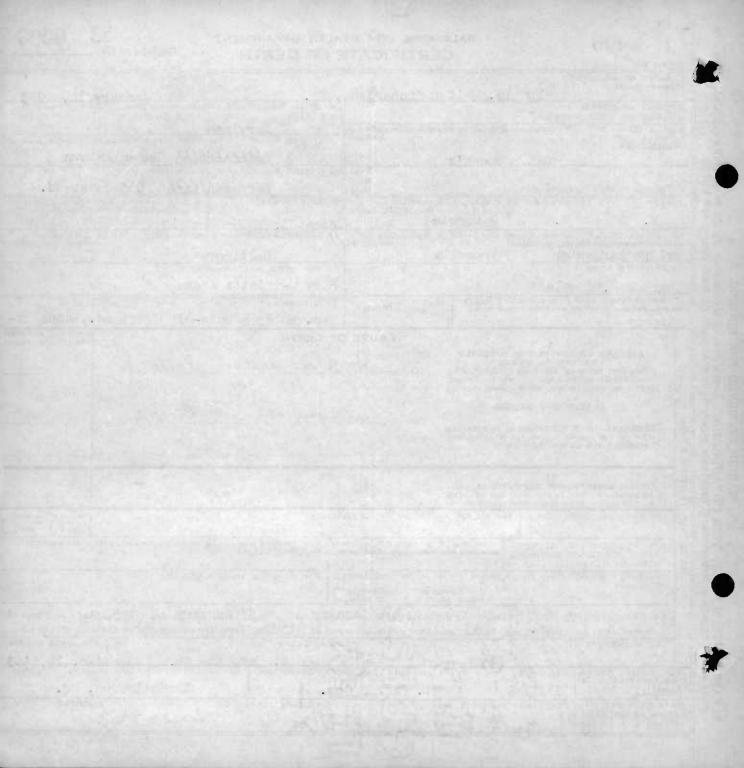
Registered No.

0495

1. NA (Type	AME OF DE	Palmer, M	r. Clare	ence Otho		2. DATE OF Tax	16 1052
B. FU HOSE	ACE OF DE altimore C LL NAME (PITAL OR ITUTION	ity, Maryland Book (If not in hospit	altimore	on, give street address of location	A. STATE Maryland c. City Or Town Halethor	ENCE (Where deceased lives. COUN'Balting (If outside corporate)	nore City e limits, write RURAL and give township
4		St. Agnes		Yrs. Mos.	D. STREET ADDRE	Mary Land SS (If rural, give location	on)
		ay in Baltimore?		Days			27
5. SE	Le	6. COLOR OR RACE	Marrie	ED, DIVORCED (Specify	January 25	last hirthda	y) Months Days Hours Min.
work don	USUAL OCC neduring most of nter	CUPATION (Give kind of f working life, even if retired)	108. KIND	INDUSTR	11. BIRTHPLACE (S	e, Maryland	12. CITIZEN OF WHAT COUNTRY
13. F	ATHER'S N	AME			14. MOTHER'S MA		00 00 00
		Palmer			Caroline W	achtel	
15. W (Yes, no	AS DECEASE Or unknown)	D EVER IN U. S. ARMEE (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Lydia	Palmer - 5529	ADDRESS Oregon Ave.
		LEADING TO DEAT	DIRECTLY TH of dving, e. g.	· (A) (Z	cirto Car	mary 7 h	mari 18 fr
FICATION	(This does heart failur injury or DISEASES RISE TO TH	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, IN IE ABOVE CAUSE (A) ING CONDITION LA	TH of dying, e. g. ns the discase caused death. SES F ANY, GIVING STATING TH	(B)	Citte Car	anary Lin	america E. King
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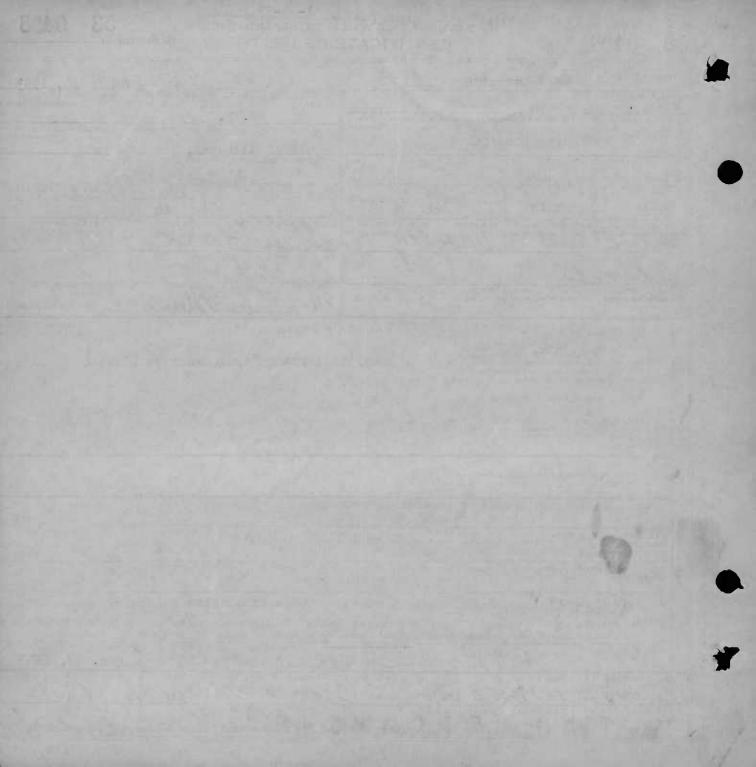
REPORT OF THE PARTY OF THE PART



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Jan. 15, 1953 JAMES EDWARD HARNER fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where decensed lived, If institution: residence A. Baltimore City, Maryland Md. B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION 3007 Westwood Ave. township) legibly. Balto. Yrs. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore 3007 Westwood Ave. Davs should be early and I 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years) If Under I Year 8. DATE OF BIRTH # Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) June 5, 1895 white married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland information chauffeur private 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME Jennie -- (?) Harry C. Harner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 7. INFORMANT
Mrs. Thelma L. Harner - 3007 Westwood Ave SECURITY NO. causes none 18. 420.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? X. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 195 3that I last saw the 22. I hereby certify that Lattended the deceased from. 1953, and that death forcurred at-1065 Ph., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURINL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Loudon Park Cem. Balto. Md. Burial DATE RECEIVED BY PUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

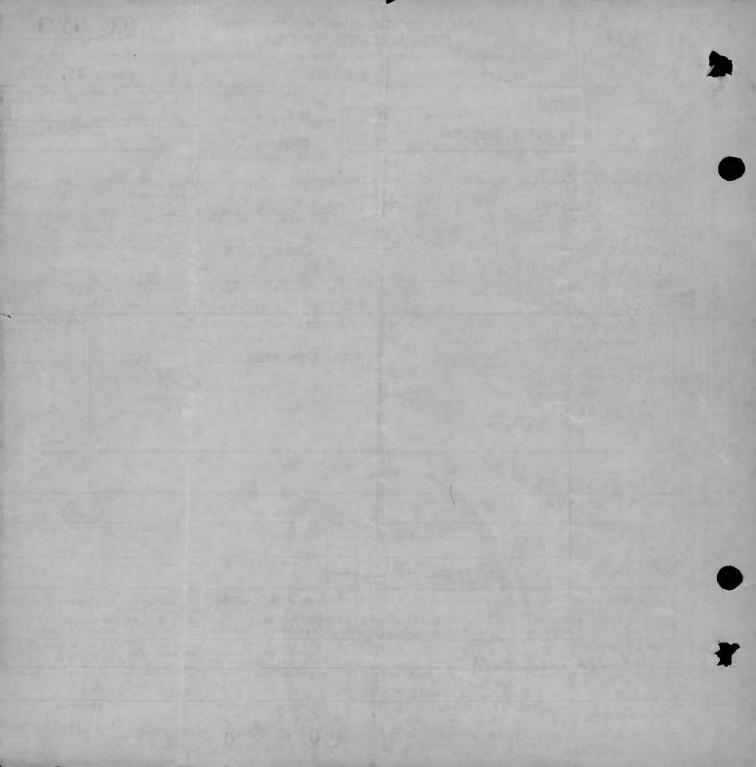
· V/- I some Tool June 5, 1995 . C acut THE RESERVENCE OF STREET STREET, AND ASSESSED ASSESSED.

M.	5		ED 1-26-53 HEALTH DEPARTMENT TE OF DEATH Registered No.	8
ed.	(T	NAME OF DECEASED (ype or Print) NORRIS MAURICE MANDELL PLACE OF DEATH:	2. DATE OF DEATH January 16, 19	53 nee
VDING information should be carefully supplied of death clearly and legibly.	B.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION Mercy Hospital	A. STATE B. COUNTY before ndm N. Y. C. CITY OR TOWN (If outside corporate limits, write RURAL artow	ission
careful legibly.	-	Length of stay in Baltimore Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	4114 Hampton Place	24 Hours
should be arly and	1C	Male White WIDOWED, DIVORCED (Specify Married A. USUAL OCCUPATION (Give kind of a during most of Trking life, every fretired) MIDOWED, DIVORCED (Specify Married) Married MIDOWED, DIVORCED (Specify Married) Married MIDOWED, DIVORCED (Specify Married)	11. BISTHPLACE (State of foreign country) 12. CITIZEN OF	
G mation s eath clea	6	DEFATHER'S NAME SELF. (1)	14. MOTHER'S MAIDEN NAME MERTHIA	
BINDING of inform uses of dea	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Martha Mandell Law	ue
Every item write the cau		DISEASE OR CONDITION DIRECTLY	OF DEATH LOSCLErotic Cardiovascular Disease	
IN RESERVED NG INK. Ever	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		*********
MARGIN F UNFADING Physicians: p	CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ERATION 20. AUTOP	SY7
WITH rtant.	EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	in or 21C. WHERE DID (If in Baltimore City, give exact location	NO X
AB	ME	21d. TIME (Moath) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY MHILE AT WORK AT WORK	.E[
TE P]		the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	above, held an insepction & inquiry thereon and Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated of es	above
SE TRI	2,	A. BURIAL, CREMA-1 248, DATE 124C, NAME OF CEMETE	23B. CHIEF MEDICAL EXAMINER	4 -
PLEASE T		ATE RECEIVED BY REGISTRAR'S SIGNATURE	Jou Masheth K.	D.
	=	S 151 29 d	GA Lewis One 2100 Buton	13



township)

(State)



53	9560	BALTIMORE CITY H	EALTH DEPARTMENT	52 0500
BI	RTH NO.	CERTIFICAT	E OF DEATH	Registered No.
1.	NAME OF DECEASED ype or Print) ARMF.e.	Fanklin L	lanBibber	2. DATE 0F 1/16/53
	PLACE OF DEATH: Baltimore City, Maryland	/ Fence of		DEATH Where deceased lived. If institution: residence B. COUNTY before admission
H	FULL NAME OF (If not in hospital or ISTITUTION)	r institution, give street address or location)	The state of the s	outside corporate limits, write RURAL and gi
-	Church How	re + Hayrelas	O. STREET ADDRESS (If	rural, give location)
_	Length of stay in Baltimore	Mos. Days		ain ST.
5.	SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify,	2 June 18, 1872	9. AGE (in years If Under I Year last birthday) Months Days Hours Mir
10 rorl	A. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired)	DB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	preign country) 12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	Bilder	14. MOTHER'S MAIDEN N.	AME aulalin
15 (Ye	a, no or unknown) (If you kive war or dates of	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
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